



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 073

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	30th April 2024
Registration Status:	Registered from the 28th of September 2022 to the 28th of September 2025
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	3rd July 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2010. At the time of this inspection the centre was in their fifth registration and in year two of the cycle. The centre was registered without attached conditions from the 28th of September 2022 to the 28th of September 2025.

The centre was registered to accommodate three young people from age thirteen to seventeen on admission. The centre's model of care consisted of a number of components including the Sanctuary Model based in trauma theory and a behaviour modification, trauma informed crisis prevention and management system. There were three young people resident in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2

This inspection was conducted following an escalation sent by the National Placement team (NPT) to ACIMS due to an increase in significant events for one young person in the centre. A range of documentation for one young person and limited sample of relevant records for the other two young people were reviewed.

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management, staff and the allocated social workers. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with

this centre and thank the young people, staff and management for their assistance throughout the inspection process.

Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 31st May 2024.

The registered provider was afforded the opportunity to respond to any identifying factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document. Centre management informed the Alternative Care Inspection and Monitoring Service on the 5th of June 2024 that there were no factual inaccuracies in the draft report.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number:073 without attached conditions from the 28th of September 2022 to the 28th of September 2025. pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The inspectors found that the centre had policies and procedures in place to support the positive management of behaviour that challenged. The inspectors found that the organisation was in the process of training all core staff members in a new model of care and it was anticipated that this would be introduced over the coming year. In the meantime, the team were continuing to implement the current model of care in the centre which was focused on the theory of trauma and behaviour modification. The centre had a recognised framework of behaviour management in place in which all staff members had completed up to date training in same. The team had completed a range of additional training to support the vulnerabilities of all young people in the centre.

From a review of the centre's records and interviews with staff and management the inspectors found that the team understood the needs of each young person. It was evident that the core staff team had built up good relationships with all young people. The inspectors found that the team were responsive when incidents arose and supported the young people during these. It was evident from the records reviewed that the team's practice was informed by the behaviour management policy and associated documentation.

This risk escalation pertained to one young person in the centre who was engaging in a significant range of behaviours that challenge, for example staff assaults on members of the care team, missing in care, inappropriate use of social media and targeting of peers. The inspectors found that the staff team had access to arrange of supports to guide them in managing these behaviours which included specialist advice, up to date guidance documents and supervision and support from internal and external management. The inspectors found that the team were attending to the young person's basic care needs at this time as the centre manager identified that the crisis the young person was presenting in had resulted in them engaging minimally in aspects of their programme.

The inspectors reviewed a range of documentation which included Individual Crisis Support Plans (ICSP) and Individual Absent Management Plans (IAMP) for one young person and found that these were aligned to the behaviour management framework and identified behaviours of concern and actions to address these. The inspectors found that the ICSP document was lengthy and detailed however, it did contain all relevant information to guide the staff team in the management of the young person's behaviour. The centre manager should consider reviewing this document to a more concise format.

Plans put in place to mitigate the risk were detailed and the inspectors found clear evidence of discussion among the team as these changed regularly due to the presenting needs for this young person. The inspectors found that these were reviewed in a range of different forums from daily handovers, staff team meetings, significant event review group meetings, professional meetings and internal and external therapeutic support meetings. The centre had engaged external support services to guide the team in the management of the concerning behaviour for one young person while also providing support to the other two young people in the centre. The centre had recently developed a sensory garden to the back of the house with guidance from another external service in the local area.

The inspectors found that the centre had engaged a range of professionals involved in the care of all the young people to try to minimise the impact of one young person's behaviour on the other residents. This consisted of monthly professional meetings for all three young people residing in the centre with weekly professional meetings taking place for one young person to whom this risk escalation pertained to. Within these meetings all potential strategies to support all young people in the centre and minimise the impact and safely manage the group dynamics was discussed. The inspectors found that actions arising from these meetings were implemented and actioned and there was ongoing review of these from centre management, regional management and the organisations internal behavioural analyst.

On review of a sample of risk assessments in place to manage the safety of all young people in the centre the inspectors found that these at times were lengthy similarly to the ICSP as detailed above. They contained details of all incidents where the risk was present since admission rather than just the presenting risk and improvement in this regard is required. The centre had identified a range of safety steps to be taken by staff to manage this situation which inspectors found was clearly evident in practice.

The inspectors found that the centre was implementing a staffing ratio of 2:1 staffing for one young person and were attempting to maintain a staffing ratio of four staff members daily however, the centre manager explained that due to limited availability of relief staff and vacancies existing within their core team that this was not always feasible. The inspectors found that although this ratio was not always in place it had not impacted the safeguarding mechanisms agreed for all young people.

Restrictive practices were in place in the centre in the form of window and door alarms which were risk assessed and reviewed and updated with the staff team regularly. The inspectors found evidenced that these restrictive practices were also agreed with the relevant social work department. The inspectors found that this practice was proportionate to the level of risk presenting in the centre.

The inspectors found that where opportunities existed for this young person the staff team engaged in individual work in relation to known behaviours of concern to support them developing an understanding of these behaviours. They also attempted to complete life space interviews (LSI) following significant events however, the young person's engagement in this process was minimal at times.

Young people's meetings took place on a weekly basis however, due to the peer dynamic in the centre this young person was consulted separately to the other two residents. The inspectors found that the centre had completed a range of work with the young people to ensure that their voice was heard in relation to the provision of care in the centre for example complaints policy, bullying and Tusla's Charter of Rights.

While the centre had made all efforts to sustain the placement, due to the continued escalation in behaviour the centre had made the decision to issue notice to cease this placement as it was unsustainable and was not meeting the needs for this young person. The centre had provided the relevant professionals and the National Placement Team (NPT) with the required notice however, at time of the inspection this notice period had exceeded. The centre were continuing to work with all professionals to ensure that a suitable placement could be sought to meet the needs of this young person and that a more planned placement end could be achieved to ensure the best possible outcome for this young person.

The inspector spoke with two social workers and they advised that they were satisfied with the care and safeguards in place. However, due to the continued impact and escalation of behaviours it was agreed that the longevity and suitability of this placement could not be

maintained as it was not in the best interests of the staff team or young person in question. The social workers confirmed that they were notified of all significant events in the centre and attended regular meetings to discuss the ongoing concerns for all young people.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- None