



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 113

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	22nd, 23rd & 28th of May 2024
Registration Status:	Registered from 11th January 2022 to 11th January 2025
Inspection Team:	Mark McGuire Sharon McLoughlin
Date Report Issued:	25th 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 its first registration on the 11th of January 2016. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 11th January 2022 to 11th January 2025.

The centre was registered as a dual-occupancy, medium to long-term care service, accommodating young people aged thirteen to seventeen for admission. The organisation was in the process of transitioning to a new model of care. At the time of this inspection, care delivery in the centre was guided by a positive behaviour support approach and the therapeutic crisis intervention approach to managing behaviours. There were two young people living in the centre at the time of the inspection, with one placed there under derogation as their age was outside the centre's purpose and function.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Client-centred care and Support	1.3
5: Leadership, Governance and Management	5.4

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 and staff, the allocated social workers and other relevant professionals. 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.

2. 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 20th of June 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 3rd of July 2024. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

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: 113, without attached conditions from the 11th of January 2022 to the 11th of January 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Inspectors saw evidence of both young people being encouraged and supported to make choices and participate in decisions about their care. Examples included staff capturing the young people's voices regarding shopping, food choices, activities, free time arrangements, and room decorations upon admission. Inspectors were also informed of how the team supported one young person with their wish to make their confirmation. The use of "me and my CICR" (child in care review) forms was evident for one young person, though not for the other. However, the staff team captured the latter's voice through dynamic and opportunity-led conversations and advocated for them at CICRs when they chose not to attend. Young people's wishes were respected when they chose not to engage in formal meetings or provide feedback, which inspectors acknowledged was often the case for the two residents.

The centre had a policy in place of allocating two key workers to each young person. Inspectors found that one young person had input and choice regarding who their key workers would be, in line with best practice and the company's own policy. However, the other young person had not been given the same opportunity. This young person noted in their inspection feedback form that they felt their key workers did "nothing" with them, suggesting that the assignment of key workers could be reviewed and discussed with their input. Discussion on placement plans and key work goals was not routinely recorded at team meetings. This was also identified as a deficit in the service's own internal audit in March 2024 along with the need to improve the overall quality of placement planning and recording young people's wishes and wants. Centre management should ensure they review key working and placement planning and capture the young people's voices routinely as part of their team meetings.

Inspectors found that there was somewhat of an overreliance on use of the complaints process as a formal forum for young people to express their voices. While

inspectors acknowledged the young people were often reluctant to engage and required an indirect approach to help build relationships and manage behaviours that challenge, the young people's meeting structure needed to be reviewed and revisited with them as a forum to raise their voices. Inspectors saw that this point was raised in team meetings by the staff team as well. The staff team used an informal approach to capture young people's views throughout the week and documented this on the young people's meeting template. They outlined how they did this through conversations in the car and during activities. There was no evidence of attempts to engage the young people in a formalised meeting format or to outline the benefits of this to them through key working. Staff interviewed agreed that offering the opportunity to chair the meeting might encourage participation, and inspectors recommend that this should be explored further.

Inspectors saw good practice in attempts to engage the young people in reading and giving input on their daily logs and records. However, the quality of how the staff team recorded the opinions of young people could be improved. It is important to ensure the relevant section in daily logs captures the young people's voices rather than staff opinions of how the young people experienced their day. Inspectors noted examples of staff paraphrasing the young people or logging their own observations, though there were also good examples of directly capturing the young people's voices seen too. Consistency in this method of capturing the young people's voices was needed. Focused key work sessions could help the young people better understand the opportunities available to them in accessing their records and the potential benefits.

The young people received a young person's booklet on admission that outlined centre rules, how to make a complaint, provided details on the staff team, and included contact information for relevant advocacy services. However, inspectors noted that the young person's booklet could be reviewed to make it more child-friendly, especially for younger children, by including visual imagery and child-friendly pictures. This was not done for the young person placed there under derogation. The young people also received a detailed resource pack at admission providing them with additional information leaflets on the UN convention on the rights of the child, advocacy services, and the Tusla 'Tell Us' complaints and feedback process.

EPIC (Empowering People in Care) visited earlier in the year when there was only one young person resident, but the young person did not engage. Inspectors saw attempts had been made to have them visit again. Centre management needed to

ensure that the staff team was clear that EPIC was an advocacy service and not part of the company's own complaints process. Inspectors observed positive practice in providing young people with a stamped addressed envelope to contact EPIC, the ombudsman for children, and/or their allocated social worker for them to raise any issues, if they wished, independent of the centre.

Inspectors noted that more focused work could have been planned with the eldest young person around self-advocacy, given their age and aftercare needs, although inspectors acknowledged their lack of engagement with services and refusal to engage in formal work with the staff team. Nonetheless, the team needed to prioritize matters important to the young person during opportunity-led work. For example, three sessions were conducted around fuelling the car, despite the young person indicating through their aftercare needs assessment that job seeking and housing were key focus areas. While some work in these areas had been attempted, more concentrated efforts could have been made by the staff team through key working and placement planning to address their needs as they approached eighteen. Inspectors observed good efforts by centre and regional management to convene monthly multidisciplinary team meetings to discuss and plan how best to respond to this young person's needs.

In general, inspectors found that young people required indirect or informal engagement methods, as acknowledged by their social workers. The team made strong efforts to engage through informal means, such as opportunity-led activities or conversations in the car. One young person mentioned to inspectors that they were regularly attending the gym with staff. Social workers for both young people indicated that the staff team were actively trying to engage the children in activities and working hard to build trusting relationships. However, oversight and direction were needed to ensure these efforts were built upon to facilitate more planned and formalized interventions with the young people.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified.
Practices met the required standard in some respects only	Standard 1.3
Practices did not meet the required standard	None identified

Action Required

- Centre management must ensure that the staff team are capturing the young person's own voice in the opinions section of documents.
- Centre management must ensure that, in accordance with policy, young people are given the opportunity to provide input in selecting their key worker.
- The young person's booklet provided upon admission needs to be reviewed to ensure it is more child-friendly, with the inclusion of visual imagery and child-friendly language, especially for younger children.
- Centre management need to provide oversight and direction to ensure that informal engagement methods, such as opportunity-led discussions, are built upon to facilitate more planned and formalised placement planning and key work with young people.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors observed systems in place to review the quality of care such as; service governance reports, audits conducted by the regional manager against national standards, and a child protection-specific audit. Of note, the child protection audit highlighted the necessity of refreshing staff on managing risks outlined in the centre's child safeguarding statement (CSS). This recommendation stemmed from interviews conducted by the regional manager during their audit two months preceding the inspection. However, inspectors did not find evidence of this recommendation being implemented with the staff team and the CSS section was marked as 'not discussed' in subsequent team meeting minutes. Moreover, there was little evidence of a review

of service audits or ACIMS inspection findings taking place with the team for shared learning and practice development. Those interviewed as part of the inspection revealed similar areas requiring attention, particularly regarding the staff team's comprehension of the complaints policy and procedures for managing allegations against staff members. Inspectors recommend that a thorough review of the complaints and child protection policies be conducted with the staff team for learning purposes, followed by an assessment by senior management to ensure that the learning is effectively integrated into practice.

Inspectors noted that while some action plans developed from audits had been addressed by centre management, others were not followed up on, despite an urgent need. Specifically, improvements related to focused placement planning and key work for the eldest young person's aftercare needs were lacking despite being found as an area requiring improvement in the services own internal audits. This ongoing issue highlighted concerns about the quality of placement planning and key working for this young person. However, efforts in this area, such as regular professional meetings and links to an aftercare worker, were noted. During interviews with inspectors, staff indicated that learning from inspections and audits, as well as action plans, were not being shared with the team. However, one staff member demonstrated an understanding of the corrective and preventative action plan from the previous inspection. Centre management need to ensure that findings from internal audits and inspections are shared with the entire team to facilitate shared learning and practice development.

Team meetings were held fortnightly, following a detailed standing agenda outlined on the record template. However, inspectors found that team meeting minutes did not always detail items discussed, making it difficult for inspectors to track progress and review certain areas. Additionally, there was little record of the young people's voices being discussed in these minutes, with the section on young people's rights mostly focusing on reviews of restrictive practices. Themes relating to the national standards were occasionally reviewed at team meetings, but the content of these discussions was unclear as only questions for staff reflection were recorded. The summary for assessment consultation therapy service (ACTS) visits, which were meant to guide care practice for one young person, was copied and pasted across different dates, with no clear indication of learning from follow-up meetings documented in the minutes. Overall, inspectors found that the recording and oversight of team meeting minutes needed improvement, and the sections for audit review, policy implementation, and learning needed to be utilized more effectively.

Other systems, such as supervision and complaints reviews, were in place, with trends being analysed and matters escalated to social work departments where required. Staff recorded complaints regularly but needed to adhere to policy and best practices by consistently recording young people's views on complaint outcomes. This was not always documented on complaints forms, in the complaints audit, or in the complaints register. Additionally, management oversight of the complaints register was lacking. While staff and management interviewed during the inspection were unclear on the complaints policy, young people were utilising the complaints procedures, and there was good evidence that complaints were being acted upon. However, inspectors recommend revisiting the complaints policy as part of the training and development plan identified in the service's own audit to ensure clear understanding among the staff team.

No annual review of compliance was in place, but the regional manager noted plans for its introduction in the coming months. A gap in having a dedicated quality assurance auditor was noted as an issue in following company policy to conduct a robust schedule of audits against national standards. While this position was being actively recruited for and the regional manager was filling the gap in the interim, challenges arose due to the demands of the regional manager's role, and inspectors found that this was an area requiring planning for the immediate future.

Inspectors observed a safety issue concerning one young person, which required hourly checks via live night cover. For three months before the inspection, the existing team conducted these checks during their overnight shifts without a dedicated waking night staff member. According to the service's policy, dedicated live night cover should be implemented if needed for more than seven days. However, this process had not been regularly or formally reviewed by staff or management. Inspectors raised this issue with the regional manager, the allocated social worker, and the Guardian ad Litem (GAL) for the young person during the inspection. The regional manager acknowledged the lapse and assured inspectors that dedicated live night cover would be implemented immediately in line with their policy. Additionally, the regional manager scheduled a professionals meeting during the inspection to review and manage the identified risk more effectively. There was also a need for oversight and review of staff members filling gaps in sister centres while rostered for shifts at this centre. Inspectors noted this safeguarding concern to senior management, who assured that it would be reviewed and addressed post-inspection.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified.
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	None identified

Action Required

- The registered provider must ensure that all action plans developed from audits are followed up on promptly, with clear documentation of progress and completion.
- Centre management must facilitate the regular sharing of findings from audits, inspections, and action plans with the entire team to promote shared learning and practice development.
- Centre management must improve the recording of team meeting minutes to detail items discussed, track progress, and highlight areas reviewed. They also need to ensure young people's voices are recorded and discussed.
- Centre and senior management must ensure oversight in the complaints register and ensure all staff are clear on the complaints and child protection policies through regular training and reviews.
- The registered provider must introduce and implement a system to conduct an annual review of compliance with the centre's objectives.
- The registered provider must ensure they immediately implement dedicated live night cover, when required, in line with the centre's policy and regularly review this process.
- The registered provider must ensure staff are not filling gaps in sister centres while rostered on shift and address this safeguarding concern with oversight and formal reviews by senior management.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management must ensure that the staff team are capturing the young person's own voice in the opinions section of documents.</p> <p>Centre management must ensure that, in accordance with policy, young people are given the opportunity to provide input in selecting their key worker.</p> <p>The young person's booklet provided upon admission needs to be reviewed to ensure it is more child-friendly, with the inclusion of visual imagery and</p>	<p>Centre manager will ensure that capturing the young person's voice will be focused on in the team training day on the 09/07/2024. Centre manager will have oversight on the recording of the young person's voice in reports, ensuring that their voice is captured accurately.</p> <p>The young person in question has been asked about their preference on 28.05.24 by centre management, and the young person decided to remain with the current key worker in place.</p> <p>Centre Management have consulted with other services who currently have younger children placed with them. An updated young person's booklet has been</p>	<p>A training needs analysis will be completed by 10th July with a schedule of bespoke training needs for the centre implemented over the next three months to address training needs that are required.</p> <p>In line with Admissions Policy; all future admissions will be afforded the opportunity to provide input in selecting their key worker. Furthermore; Centre Management will complete a check in with each young person on a quarterly basis on how the key working relationship is progressing.</p> <p>For future admissions, Regional Manager will review in detail the young person's booklet to ensure that it meets the needs of the specific young person being placed in</p>

	<p>child-friendly language, especially for younger children.</p> <p>Centre management need to provide oversight and direction to ensure that informal engagement methods, such as opportunity-led discussions, are built upon to facilitate more planned and formalised placement planning and key work with young people.</p>	<p>completed. This was provided to the current resident on 01.07.24 and will inform any future placements for younger children.</p> <p>Deficits in role accountability in the centre are accepted and the inexperience of the team is noted to have contributed to deficits in planning for young people. As part of bespoke training needs analysis for the centre that will be scheduled for the next three months, a full training day will take place on 09.07.24 which will include focus on placement planning and key working in the centre and overall recording on information in documents.</p>	<p>the centre.</p> <p>Regional Manager and Centre manager will meet bi-monthly to address key-development areas. Clear time frames for identified actions will be set at this meeting and Regional Manager will check progress on actions during scheduled house visits.</p>
5	<p>The registered provider must ensure that all action plans developed from audits are followed up on promptly, with clear documentation of progress and completion.</p>	<p>To ensure role accountability and governance a bi- monthly meeting with centre management and regional manager to address key development areas has been implemented from 01.07.24 to provide additional governance assurances outside of the formal auditing and review processes in place. This meeting will include:</p>	<p>All action plans will be checked by Regional Manager during a planned visit after 4 weeks to ensure they are implemented effectively.</p>

	<p>Centre management must facilitate the regular sharing of findings from audits, inspections, and action plans with the entire team to promote shared learning and practice development.</p>	<ul style="list-style-type: none"> • quality of placement planning and keyworking • Audit responses • risk management • training needs • staffing and roster reviews <p>Development areas will be discussed at these meeting and a clear timeframe set for completion of the same.</p> <p>Centre Management are responsible for ensuring that shared learning takes place via team meetings and will take responsibility for recording all team meeting minutes until the Deputy manager comes on board on the 01.08.24. Following this a collaborative piece will happen between centre management, ensuring that shared learning will continue to be a focused piece in team meetings and any discussions accurately recorded.</p> <p>The training department will complete training in report writing with the team in</p>	<p>Regional Manager will attend one team meeting per month in the centre for the remainder of the year to ensure that shared learning is delivered in the centre.</p>
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	<p>the 09.07.24. Social Care Leader within the centre will be developed from this to have the skills needed to allow recording of team meeting minutes to be assigned where appropriate.</p>	
<p>Centre management must improve the recording of team meeting minutes to detail items discussed, track progress, and highlight areas reviewed. They also need to ensure young people's voices are recorded and discussed.</p>	<p>Centre Management are responsible for ensuring that team meeting minutes are accurate, cover the required agenda items and are actionable. This is now in place in the centre with this taking place on the 26.06.24. A key area for discussion monthly will be the young person and their voice, ensuring this is coming from the young person and not only a staff perspective. The team will take part in a in depth discussion around same and planning will occur.</p>	<p>Regional Manager will attend one team meeting per month in the centre for the remainder of the year to ensure the young person voice is being discussed adequately and that quality team meetings are taking place in the centre.</p>
<p>Centre and senior management must ensure oversight in the complaints register and ensure all staff are clear on the complaints and child protection policies through regular training and reviews.</p>	<p>Centre Management are responsible for ensuring that the registers are accurate and kept up to date at all times. Deficits highlighted in inspection have been corrected on 01.06.24. The complaints and child protection policies were reviewed at</p>	<p>Quarterly complaints reviews for the centre were completed by the Regional Manager and will be ongoing. This will ensure oversight is in place on the registers. As highlighted above; a training needs analysis is currently underway for the</p>

	<p>The registered provider must introduce and implement a system to conduct an annual review of compliance with the centre's objectives.</p> <p>The registered provider must ensure they immediately implement dedicated live night cover, when required, in line with the centre's policy and regularly review this process.</p> <p>The registered provider must ensure staff are not filling gaps in sister centres</p>	<p>the team meeting on the 26.06.24 and will be discussed with the team again on the 09.07.24 by the training department.</p> <p>An annual review of compliance with the centres objectives will be completed by August 2024 and learnings shared with the team.</p> <p>As highlighted in inspection, this local arrangement in place agreed with the social work department for the young person was reviewed. Live night cover has been ceased in the centre based on a risk review meeting chaired by the regional manager with all relevant professionals on 5th June 2024. A collaborative risk assessment was implemented following this professionals meeting. Formal follow up has taken place with centre management around risk management and communication.</p> <p>The practice of staff members filling gaps in sister centres is no longer in place.</p>	<p>centre and will include refresher training in complaints and child protection.</p> <p>The registered provider will ensure that an annual review of compliance is completed in the centre on a yearly basis in line with policy and best practice.</p> <p>Policy in connection to live nights is being formally reviewed and developed and will be completed by the end of August 2024. Once reviewed this policy will be followed.</p> <p>The organisation will endeavour to ensure that the practice of filling gaps with staff</p>
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	while rostered on shift and address this safeguarding concern with oversight and formal reviews by senior management.		working on shift in other centre's does not occur and where it may be required on an emergency basis this will be reviewed by Senior Management.
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