



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 136

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	11th, 12th and 19th March 2024
Registration Status:	Registered from 30th May 2024 to 30th May 2027
Inspection Team:	Cora Kelly Lisa Tobin Mark McGuire
Date Report Issued:	5th 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 30th of May 2018. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 30th May 2021 to 30th May 2024.

The centre was registered as a multi-occupancy unit to provide medium to long term care for three young people aged between 13-17 years on admission. The process had commenced for the current model of care that is based on theoretical approaches underpinned by four pillars of care; entry, stabilise and plan, support, relationship building, and exit being replaced by the Welltree model of care with the timeframe for completion scheduled for early 2025. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 8th of April 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 22nd of April 2024. On their review the inspectors requested that a further review of the CAPA be undertaken. This occurred with a further and final CAPA, alongside supporting documentation, received on the 3rd and 18th of June 2024 following a compliance meeting between ACIMS and Odyssey Social Care senior management. This was deemed satisfactory.

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: 136 without attached conditions from the 30th of May 2024 to the 30th of May 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

It was the inspectors findings that the centre was providing the young people in placement with individualised care and support based on their needs with improvement required in some areas. The centres policy on planning for young people included procedures for statutory care planning, centre placement planning and key working. The process for ‘care planning escalation’ was also included. As required, care plans were held on the care files of the three young people in placement. One care plan was outdated by three months with a date for their statutory child in care review (CICR), that would inform a current care plan, not yet scheduled. Their allocated social worker stated in interview that this was due to backlogs within the social work department, and they assured the inspectors that it would be prioritised given the young person’s age. There was evidence on their care file of the centre manager implementing escalation procedures, as per policy, on this issue. The inspectors recommend that this continues until a CICR is scheduled. An aftercare worker was allocated to the young person and regular aftercare meetings were occurring for them. An aftercare plan was in place with actions for implementation being completed by the aftercare worker, their social worker, and centre staff. It was found that regular CICR’s were being held for other two young people with additional strategy meetings being held too for one of the young people in response to their ongoing needs and presenting behaviours. In line with policy detailed progress reports were provided by the centre in advance of CICR’s.

The inspectors found that staff supported the young people to be involved in the development of their care plans and consulting with them in the development of their placement plans. There was evidence of additional specialist support services been accessed to support the young people in line with their learning styles and communication needs. However, for two of the young people the inspectors found that improvement was required in how staff communicate with them daily. For one of the young people four current staff and centre management had been provided with a level of specific training in line with their communication needs. Staff who joined the centre since the last ACIMS inspection in February 2023 had not had the

opportunity to avail of the basic level training. The inspectors were not provided with a definitive reason as to why there have been no further developments in this area. For the second young person the staff team had been provided with training in line with their diagnosis. However, there was no clear plans developed from the training to guide staff in how best to communicate with the young person and to ensure that staff were consistent with this. The centre manager must satisfy themselves that staff on shift have the required skills and knowledge to communicate with the young people daily.

In line with policy the young people had up to date placement plans and there was evidence of them being reviewed and updated monthly by their key worker. One staff in interview demonstrated well how they as a key worker fulfilled their placement planning and advocating responsibilities. The records maintained on the young person's file verified this work in addition to the young person indicating through questionnaire that they collaborated with their key worker on their placement plan and got the support needed to achieve their goals. For a second young person the inspectors found that staff utilised admission information, their own observations and sought input by the young person to develop their initial placement plan. This was due to the absence of actions in their care plan for the centre to implement. One of the goals in the placement plan included an appropriate educational placement being secured. A placement had not been secured over the three months since the young person moved to the centre which was preventing a more appropriate daily routine being in place for them. For the third young person their current placement plan was not reflective of their ongoing needs and presenting behaviours at the time of the inspection. Regular strategy meetings were being held between their social worker, appointed guardian ad litem, centre management and other professionals involved in their care around this.

Overall, it was evident to the inspectors that the quality of key working conducted was mixed, with some pieces of work not always linked to placement plan goals. Whilst this can occur, it can lead to difficulties in tracking the young people's progress across identified areas. The key working record in use in the centre allowed for the tracking and planning of key working sessions. However, these pieces were absent from the the placement plan record. Centre management had identified to the inspectors that the placement planning process required improvement with a similar finding identified by the external auditor in their audit that was undertaken between May and October 2023. On the inspectors review of a sample of the team meeting records it was found that key working and placement plans were not being consistently discussed for all the young people. The centre manager and regional

manager must strengthen placement planning processes and ensure that more robust oversight of placement plan practices occur.

There was evidence of the three young people having access to external specialist support services in line with their presenting needs and those named in their care plan. The inspectors found that there was ongoing communication between the centre and all three social work departments. This was through the regular exchange of calls and emails with social workers provided with placement plans and other individual plans monthly. In interview with the inspectors the social workers allocated to two of the young people expressed their satisfaction regarding communication links between them and the centre.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must satisfy themselves that staff on shift have the required skills and knowledge to communicate with the young people daily.
- The centre manager and regional manager must strengthen placement planning processes and ensure that more robust oversight of placement plan practices occur.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance, and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There had been a change within the centre's organisational structure with a new chief executive officer and a head of children's residential services appointed in March 2024. The latter held responsibility for the development and updating of the centre's operational policies and procedures. Both had previously held management roles within the organisation. There had also been management changes in the centre since the last ACIMS inspection in February 2023. The current acting centre manager held the deputy manager's role for five years prior to being successfully appointed as the person in charge, following interview, the week prior to this inspection. In interview with the inspectors, they demonstrated some awareness of their new management and leadership role and responsibilities and named where improvement in practices was required for example reviewing placement planning and key working processes and addressing gaps in staff supervision. The inspectors identified too that better oversight of the centre's training needs analysis is required as deficits were found regarding mandatory training requirements. The acting centre manager indicated they would benefit from an induction and additional support by the regional manager and as they settle into the role. The regional manager must ensure that this planned induction occurs in a timely manner.

There were systems in place to assist the acting centre manager in overseeing and leading out on staff practices. Whilst their oversight of centre and young people's records was evident the inspector's identified deficits in the appropriate maintenance of centre registers. They reported to the regional manager as their line manager who will provide them with supervision going forward. Their reporting responsibilities to the regional manager included keeping them informed of what was occurring for the young people via telephone calls, the weekly manager online check-in meetings and submitting monthly service governance reports. The inspectors reviewed a sample of these monthly reports and found that formal feedback on this was not provided to the centre manager. Given their new role the provision of feedback on areas of concerns/ issues identified would increase their awareness and understanding of management

responsibilities. In interview staff appeared satisfied with the change in centre management and that it was a smooth transition for them and the young people.

The internal management structure at the time of this inspection was not appropriate to the size and purpose and function of the centre. The acting centre manager was supported by a newly appointed deputy manager who had worked as a social care leader in the centre. They were the appointed person to act up in the acting centre manager's absence. Both were set to work full-time in the centre Monday through to Friday working normal office hours. A social care leader completed the centre's internal management structure. There was a deficit in two social care leader positions. The interviews that were scheduled to take place the week of the inspection were to recruit social care workers, not social care leader positions. The regional manager spoke of their plan to develop the skills of some existing staff to progress them to social care leader roles in the centre. This would not alleviate the current internal management shortfall. To assist the running of the centre there was evidence of a monthly delegation tasks list being utilised by the previous centre manager with all members of the staff team individually having accountability for ensuring specific tasks assigned to them were completed. Given the current social care leader deficits the acting centre manager will need to review the delegation tasks list.

The inspectors found that improvement is required in the management of team meetings. Overall, there was evidence of good attendance at the fortnightly held team meetings. On review of a sample of team meeting records it was the inspectors' findings that the quality of the minutes was mixed. Some of the records gave a good overview of what was occurring in the centre with limited information recorded for others. Policies and procedures were regularly discussed however there was no evidence of risk assessments that were in place for the young people being discussed in detail and individual placement plans and key working were not consistently discussed for all young people.

The inspectors found deficits in the centre's implementation of the risk management framework that was named in policy. These related to the processes around risk identification, assessment, management, review, and overall governance of these. There was a lack of awareness by the regional and centre managers of their risk management responsibilities and a discrepancy was found in how the management of risk was occurring. The inspectors were informed that a centre risk register was not in place despite it being named in policy that the centre manager had responsibility for the maintenance of the register and of the register being reviewed and updated on

two occasions in December 2023. The management of individual risks in the centre was also found to require improvement; from the crisis support plans and absence management plans to the behaviour support plans and individual risk assessments (IRAs) that were developed if deemed required. The inspectors found that of those interviewed they were not familiar with all the IRAs in place for the young people and if behaviour support plans were in place for the young people. There was no evidence of specific IRAs' being reviewed and updated appropriately by internal and external management following the presentation of considerable risk behaviours by one young person. The inspectors had identified several deficits following their review of risk related documentation and addressed these with the centre and regional manager and the social worker and guardian ad litem (GAL) appointed to the young person. The discussions had resulted in the social worker and GAL interpreting differently the risk management interventions in place by the centre. In the days following the inspection there had been some movement by the regional manager in implementing some additional measures to respond to the substantial risk behaviours. To align with policy further work is required to ensure that a fully operational risk management system is in place with stronger governance of centre risk management practices required. Centre management and staff require a better understanding and knowledge of their roles and responsibilities regarding the centre's risk management processes.

A service level agreement was in place between the centre and the Tusla National Private Placement Team (NPPT) with reports submitted by the centre on a six-monthly basis.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional manager must ensure that the acting centre manager is provided with a planned induction and that this occurs in a timely manner.
- The regional manager must enhance their governance role within the centre and have better oversight of management and staff practices.
- In line with the centres statement of purpose and function the registered provider must ensure there's an appropriate internal management structure in the centre.
- The centre manager must ensure that improvements in centre practices occur for the safe and effective delivery of care and support to the young people.
- The registered provider must ensure that a fully operational risk management system is in operation to include senior, centre management and staff having a better understanding and knowledge of their roles and responsibilities regarding the centre's risk management processes.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Workforce planning for the centre was ongoing with arrangements in place for the the regional manager to lead out on this in conjunction with centre management and the organisations human resources department. In terms of staffing numbers the inspectors found that the centre was operating in compliance with the Tusla ACIMS regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations with the minimum number of eight staff consistently being attained. The acting centre manager was supported by a deputy manager, one full-time social care leader and six full-time social care workers with a social care worker onboarding at the time of the inspection. As mentioned previously in this report the regional manager was looking to fill the two social care leader positions that had recently become vacant. All staff were found to have held the appropriate and/ or related qualification as stipulated in the Tusla ACIMS memo, of June 2023. Four relief staff were supporting the staff rota and covering the various types of leave.

A total of four staff including a centre manager had left the centre since June 2023 with three having left in the weeks prior to and during this inspection. Through inspection questionnaires two of the young people stated that staff caring for them knew their likes and dislikes, treated them well, were easy to talk to and listened to them. In interview two social workers spoke positively of the support provided by staff to the young people they were appointed to and felt that they had not been impacted by the recent changes in staff and centre management.

The inspectors identified a number of issues relating to staffing over the course of the inspection. They were informed by the regional manager that to accommodate staff rota shortfalls an unqualified staff member was continuing to complete shifts, including sleepover shifts and were scheduled on the rota to complete these for the coming weeks. The inspectors were not provided with evidence of direction being followed about this from last ACIMS inspection in February 2023. The regional manager was not aware that a number of back-to-back shifts had been completed in the centre and risk assessments could not be provided to the inspectors evidencing why this had occurred. In response to an ongoing individual risk assessment the centre was operating a system of staff on sleepover shifts conducting 'live night checks' as opposed to live night staff being put in place which the young person's allocated social worker believed was occurring. Tusla ACIMS had previously directed the organisation that live night staff must be implemented and included on the rota when deemed required following assessment. These staffing deficits must be addressed without delay.

The centre manager and staff spoke of the benefits available to them and of staff retention measures by the organisation that included for example incremental pay for all grades, a health insurance grant, the employment assistance programme, educational assistance programme, and well-being days.

Staff in interview were familiar with the 'on-call management for evenings and weekends' policy. The on-call rota was shared by three centres under the regional manager's remit. The centre manager, deputy manager and one social care leader held on-call responsibilities of the centre. The inspectors were not informed of any issues or concerns relating to the on-call system.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre is operating in accordance with requirements set out in the Tusla ACIMS memo, of June 2023.
- The regional manager must ensure that the practice of back-to-back shifts ceases.
- The regional manager must ensure that live night staff are included on the rota when deemed required following risk assessment.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must satisfy themselves that staff on shift have the required skills and knowledge to communicate with the young people daily.	The staff team in place at the time of young person's admission were trained in the communication method to meet their specific communication needs however this was not refreshed with changes in staffing throughout the course of the placement. This young person has since moved on. ADHD Training took place on 30th May with ADHD Training Ireland to support the staff team in place with communication based on the other young person's communication needs. The centre manager will design a bespoke training specific to this young person and deliver this to the team at the team meeting planned for 13th June 2024.	Staff training needs will be assessed ongoing by the centre manager through the use of a training needs analysis and reviewed monthly as part of the governance report to ensure that all staff working in the centre not only have their mandatory training but also have the required training to meet any specific needs of any individual young person. The training needs analysis will be overseen by the Regional Manager.
	The centre manager and regional manager must strengthen placement planning processes and ensure that more robust oversight of placement	Placement plan and keyworking training will be refreshed with all team members and delivered by the regional manager in a team meeting on the 27 th June to support	Training will be completed or refreshed where there are any changes to keyworkers, or any new young people admitted the centre. Team meetings will

	plan practices occur.	<p>the staff team in understanding the purpose of the placement plan specific to the young people in placement.</p> <p>Weekly in-house keyworking meetings will take place to review goals outlined in the placement plan, identify the priority areas for the month ahead and check on progress being made each week. A keyworking session plan will be formulated as part of this process to ensure that placement plan goals and keyworking are clearly always linked.</p> <p>Actions and person's responsible will be clearly identified as part of this process.</p>	<p>focus on the placement plan goals for each young person and actions required so all staff are aware of the young person's goals outside of the keyworker. The regional manager will attend one team meeting per month to support the centre manager in the upskilling and education of the staff team in this area and ensuring that the staff understand the placement plan practices and are confident in same.</p>
5	The regional manager must ensure that the acting centre manager is provided with a planned induction and that this occurs in a timely manner.	<p>An induction took place with the new centre manager on 26th March 2024.</p> <p>As an additional support the regional manager will conduct fortnightly support sessions with the centre manager over a 12-week period outside of supervision which will be recorded with actions and timelines discussing areas of risk, training needs, placement planning and workforce planning. This will allow full review of the needs of the centre and the support needs</p>	<p>This additional support will apply to all new centre managers across the organisation going forward and will inform ongoing training and development needs.</p>

	<p>The regional manager must enhance their governance role within the centre and have better oversight of management and staff practices.</p>	<p>of the centre manager in a new role. It will also form a basis for regular feedback from the regional manager on the service and any service improvements required.</p> <p>Fortnightly meetings will now take place with the centre manager as an additional layer of support for the centre manager but also to enhance the regional managers governance over the centre. Service governance reports when completed by the regional manager will be reviewed and discussed with the centre manager as part of this meeting and clear feedback, actions and timeframes set for completion. They will attend one team meeting per month over the next 3 months with a review plugged in to monitor the team's engagement and skills and support the centre manager in any addressing any needs identified in the staff team or the service to promote service improvement. Monthly house visits will be conducted by the regional manager to ensure oversight and review in house.</p>	<p>Service governance reports across all centres will evidence formal feedback to centre managers and all will have clear actions and timeframes identified to demonstrate effective communications and oversight.</p>
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	<p>In line with the centres statement of purpose and function the registered provider must ensure there's an appropriate internal management structure in the centre.</p>	<p>The centre management structure now consists of a centre manager, deputy manager, two social care leaders and a social care leader pending start date. Given the changes in management clear training and development plans will be implemented for all levels of management and form part of the centre's training matrix. These will be completed by June 30th.</p>	<p>Ongoing recruitment will remain focused in this area to ensure an ample supply of contracted and relief staff member to meet the needs of the service on a long-term basis.</p>
	<p>The centre manager must ensure that improvements in centre practices occur for the safe and effective delivery of care and support to the young people.</p>	<p>The team meeting scheduled for 13th June 2024 will focus on the young people in situ and the individual risks associated with them. All individual risk assessments will be reviewed with the staff team to ensure they understand the associated risks, preventative measures and contingency plans relating to the management of these risks. Any risk escalations will be discussed as part of the daily handover and reviewed fortnightly at team meetings or in the event of risk escalation. Fortnightly meeting between centre manager and</p>	<p>Ongoing review of individual risk assessments and risk management strategies will be included in handovers, team meetings and individual supervision to ensure the staff team are confident in the risk management processes required. These will be monitored by the regional manager through attendance at team meetings and house visits and system review.</p>

	<p>The registered provider must ensure that a fully operational risk management system is in operation to include senior, centre management and staff having a better understanding and knowledge of their roles and responsibilities regarding the centre's risk management processes.</p>	<p>regional manager will also review risk management within the centre and will have clear actions noted. SEN reviews will also take place and any practice issues will be addressed through supervision regularly with the staff team.</p> <p>The regional manager will be retrained in all processes and procedures in relation to effective risk management on 5th June 2024. This will be completed with the centre manager on 11th June 2024 and then with the staff team commencing from 17th June 2024 on a basis of 2/3 staff attending at a time, with an aim to complete by end of June 2024. This is to ensure everyone is up to date on their roles and responsibilities in the management of risk. This training will be focused on the management of current presenting risks in the centre and how they are managed.</p>	<p>The regional manager will ensure robust review of risk management processes through fortnightly meeting with the centre manager, attendance at team meetings to monitor discussion review and implementation and daily oversight of SEN's with regular auditing and system reviews.</p>
6	<p>The registered provider must ensure that the centre is operating in accordance with requirements set out in the Tusla ACIMS memo, of June 2023.</p>	<p>The centre has seven WTE staff currently and a trainee staff member that is considered supernumerary. There are two further staff pending start dates once staff</p>	<p>Ongoing recruitment will continue in this location to continue to support the long-term needs of the service.</p>

		files completed - a social care leader and a social care worker. This will take the staff complement to nine staff members meeting requirements. There are also five relief staff currently supporting the centre.	
	<p>The regional manager must ensure that the practice of back-to-back shifts ceases.</p> <p>The regional manager must ensure that live night staff are included on the rota when deemed required following risk assessment.</p>	<p>The regional manager has reviewed the rota all shift patterns are now WTA complaint.</p> <p>Separate live night staff are now in place in the centre since May 31st based on an individual young person's risks. This will be reviewed on an ongoing basis with the relevant social work team.</p>	<p>Back-to-back shifts will not be planned as part of the centre roster.</p> <p>Where a risk assessment deems it necessary live nights will be implemented without delay to ensure effective risk management is in place.</p>