



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 015**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Odyssey Social Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup> &amp; 14<sup>th</sup> November 2023</b>
<b>Registration Status:</b>	<b>Registered from the 09<sup>th</sup> September 2022 to the 09<sup>th</sup> September 2025</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> December 2023</b>

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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 in 2010. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 09<sup>th</sup> September 2022 to the 09<sup>th</sup> September 2025.

The centre was registered to provide multiple occupancy care for four young people between the ages of thirteen and seventeen upon admission. The centre operated under the sanctuary model of care which was based in trauma theory and focused on four pillars: trauma theory, seven commitments, the SELF curriculum and the Sanctuary toolkit. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were three young people living in the centre at the time of inspection. One of these young people was placed outside of the centre's statement of purpose and function and a derogation had been approved by the Alternative Care Inspection and Monitoring Service.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.1, 6.4

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 on the 29<sup>th</sup> November 2023 and to the relevant social work departments on the 29<sup>th</sup> November 2023. 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 7<sup>th</sup> December 2023. 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: 015 without attached conditions from the 09<sup>th</sup> September 2022 to the 09<sup>th</sup> September 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**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.**

The organisation employed a quality assurance auditor who audited the house twice a year. The audits were carried out in March and July 2023 reviewed themes 1, 2, 5 & 6 of the National Standards for Children's Residential Centres 2018 (HIQA). Audits were in depth and detailed and those interviewed informed inspectors the auditor attended the team meeting following the audit to discuss their findings with the entire staff team.

The organisations quality assurance auditor carried out an annual review of compliance for 2022. This was an encompassing view of their audits for the year along with Corrective and Preventative Actions (CAPAs) from inspections that had occurred. The deputy manager, centre manager or regional manager informed inspectors they were not involved or invited to have input into the strategic planning for their centre for the year ahead as part of the annual review. The review did not look at forward strategic planning in line with the centre's objectives or the resources the centre required for same and the format should be reviewed for 2023. The organisation carried out a 'shared learning day' for its employees in June 2023, with a second date proposed for November 2023. This looked at learning from audits, HR, recruitment and IT.

Inspectors reviewed young people's care files and found complaints, concerns and incidents were being recorded and reported. Inspectors met with staff members who were clear on their roles and responsibilities for reporting and were familiar with both child protection and complaint processes. Inspectors spoke with allocated social workers who confirmed they were satisfied that concerns were being reported to them where appropriate and in a timely manner. The organisation had recently completed an online questionnaire with young people specifically looking at the complaints process. Findings from this were fed back to team meetings and follow up key work and process changes were identified and implemented.



The centre had a process in place for reviewing incidents that reached a specific risk rated threshold. All interviewed gave different views and understanding of the process. From a review of a sample of significant event notifications inspectors found that incidents with prolonged restraints and incidents where only deflection and blocking techniques were required were risk rated the same and due to the low rating levels in the instance of prolonged restraint, this did not trigger an incident review / significant event review group. The process for convening incident reviews should be reviewed and management and staff should be clear on the process for same. There should also be a shared understanding about the thresholds for scoring using the defined matrix.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must review the process for significant event / incident reviews to ensure it is robust and effective and management and staff understand the process. There should also be a shared understanding about the thresholds for scoring using the defined matrix.

## 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.**

At the time of inspection, the staff team consisted of a centre manager, an office based deputy manager, three social care leaders and five social care workers. An additional social care worker was on long term leave and due to return to the centre in December 2023. In addition to this staffing complement, inspectors were informed there were two social care workers due to start employment in the weeks post inspection once garda vetting had been received. With the exception of three staff members who held an accepted equivalent qualification, all were qualified in social care. Two staff members had taken up employment in the centre the month prior to inspection whilst others had between one and three years' experience in the centre. The centre manager and deputy manager had worked in the centre since 2015, this provided consistency for the young people living in the centre. Inspectors reviewed personnel files and found them to be well maintained. The centre had access to a relief panel and utilised three regular staff members from this. All three were appropriately qualified. Social workers interviewed were of the opinion the staff team were competent and skilled to meet the needs of the young people.

At the time of inspection, the centre was awaiting the admission of a fourth young person however had delayed this due to delays in increasing staffing levels. The head of residential services met with the recruitment department on a fortnightly basis to receive updates on recruitment and the regional manager and centre manager were updated regularly. Senior management met on a monthly basis to review workforce planning for all centres.

Inspectors reviewed a sample of rotas and found that treble cover had been maintained. Inspectors noted that during a crisis period within the centre in July / August 2023, staffing was increased by the organisation in response to risks associated with behaviours of concern and to support the young people and staff team.

The organisation had recently introduced new initiatives in a bid to support staff retention. It was too early in the introduction to determine if initiatives were effective, but staff members interviewed expressed positivity about the changes.

There were formalised procedures for on-call arrangements in place. The centre manager provided on call support to the centre Monday – Friday and there was a rotating rota of regional centre managers and deputy managers for weekend periods.

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

As part of the recruitment process staff members attended a six-day induction within the organisation in which they completed a range of mandatory training courses. The organisation had a formal induction policy in place and there was evidence of in-house inductions occurring. A recently introduced initiative ensured staff were paid for attending a one day in house induction in advance of beginning work in the centre.

Outside of this, refreshers were then provided for each training course within appropriate timeframes and certificates for same were stored on a centralised database and overseen by the training manager and regional managers. Inspectors found all mandatory training for staff members currently working in the centre was up to date. The training manager maintained a calendar of training and was alerted to expiration dates.

In addition to mandatory training inspectors noted that training had been provided to the team in two specialist areas in 2023. This was in response to specific individual needs and those interviewed noted this training to have been of benefit to the team working with the young people.

Inspectors reviewed a range of records and found a significant importance placed on training by the centre manager. It was a regular feature of supervision discussions; needs were identified in team meetings and staff members actively partook in annual appraisals and training and development plans to upskill in their roles. The organisation offered an educational assistance fund in which staff members could apply for financial support to aid with returning to education or completing external specialist training courses.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 6.1 Standard 6.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- No action required.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The registered provider must review the process for significant event / incident reviews to ensure it is robust and effective and all staff understand the process. There should also be a shared understanding about the thresholds for scoring using the defined matrix.	The policy for management of challenging behaviour was reviewed and it was noted that the basis of risk escalation and need for incident review was not clear in this policy. The policy has now been updated to ensure a clear explanation of SEN's and the associated reviews for same so that the staff team understand clearly why and where this occurs. This policy was reviewed with the team at their team meeting on 6 <sup>th</sup> Dec 2023 and all staff are now updated and understand the process.	The updated policy has been discussed and reviewed as part of the organisations weekly link in meetings and this will be discussed and highlighted to all staff teams in their December team meetings to ensure a full understanding of this process across all services and all staff.
6	No action required		