



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 048**

**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>Unannounced</b>
<b>Date of inspection:</b>	<b>25<sup>th</sup> &amp; 26<sup>th</sup> April 2023</b>
<b>Registration Status:</b>	<b>Registered from the 16<sup>th</sup> July 2023 to the 16<sup>th</sup> July 2026</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>14<sup>th</sup> July 2023</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 1: Child-centred Care and Support (1.6 only)	
3.2 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.3 Theme 4: Health, Wellbeing and Development (4.2 only)	
<b>4. Corrective and Preventative Actions</b>	<b>14</b>

# 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 Assurance 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 fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 16<sup>th</sup> July 2020 to 16<sup>th</sup> July 2023.

The centre was registered as a multi-occupancy service 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 two 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
1: c Child centred Care and Support	1.6
2: Effective Care and Support	2.2
4: Health, Wellbeing and Development	4.2

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 relevant social work departments on the 16<sup>th</sup> May 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 30<sup>th</sup> May 2023. The CAPA returned was used to inform the registration decision. After further communication and subsequent information was provided by the organisation in respect of the CAPA, it 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: 048 without attached conditions from the 16<sup>th</sup> July 2023 to the 16<sup>th</sup> July 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care practices and operations policies**

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

Inspectors were satisfied from a review of centre records that the young people were consulted and their views and preferences were taken into account in relation to their daily living arrangements. This was also evident in interviews and confirmed by a young person who spoke with inspectors. There was evidence across a range of records including young people's meetings, team meetings and complaints that there was a culture of openness and transparency within the centre whereby both young people and staff were comfortable in raising issues and concerns.

There was a complaints policy in place which was consistent with the relevant legislation and regulations and the young people in residence at the time of inspection were aware and utilising the complaints procedure. The policy had been reviewed prior to the inspection and updated to include a reference to the Tusla "*Tell Us*" complaints and feedback policy. Staff and management interviewed were clear on the complaints process and the importance of having a robust complaints procedure to safeguard the young people in placement. Each young person's care file contained information booklets which were provided on admission to both young people and parents which included guidance on young people's rights including complaints. Within the centre there was information on display in communal areas in relation to young people's rights and external advocacy services such as Empowering Young People in Care (EPIC).

The centre recorded all complaints in a register and online on the organisation's server. Inspectors noted that all relevant details were recorded in the complaints register with the exception of the record of complaint outcomes and recommend that the register is amended going forward to include this information. The inspectors reviewed the complaints on file for the current residents and found that the complaints process was followed and efforts were made by the centre to resolve complaints to the young people's satisfaction. The Tusla "*Tell Us*" policy had also been used appropriately by one of the young people to escalate a complaint. Social



workers confirmed to inspectors that they were notified in a timely manner of all complaints.

The inspectors found that one complaint on file made by a young person regarding concerns and comments allegedly made by a staff member had not been categorised and managed appropriately. This complaint met the threshold for reporting under Children First, 2017 and should have been reported and managed accordingly. This information was relayed to centre management during the inspection feedback and inspectors were notified post inspection that a retrospective child protection and welfare report form had been submitted on the Tusla portal in relation to this matter.

Complaints made by the young people were reviewed in a number of forums including through the centre managers' monthly service governance reports and external centre audits. However, the issue highlighted above in relation to an unreported child protection concern was not identified in any of these oversight systems. In April 2023 the regional manager conducted a quarterly trend analysis of complaints which identified trends that had arisen and identified actions to improve practices.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 16</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 1.6</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 ensure that the centre policies on complaints and “Child Protection -Safeguarding & Reporting” are reviewed with the management and staff team to ensure they are aware of the categorisation and thresholding of complaints.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 17 Records**

**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.**

There were two young people in residence at the time of inspection. Inspectors found that there was an up-to-date care plan on file for one of the young people and a further review planned in line with statutory timeframes. There was evidence of aftercare planning and ongoing professional meetings taking place on a regular basis and of good collaboration between the centre and external professionals. The second young person admitted in November 2022 did not have an up-to-date care plan on file at the time of inspection. Two care plan meetings had been scheduled following their admission but were subsequently cancelled and a care plan meeting did not take place until February 2023. The young person was not happy with this delay and made a complaint in January 2023 as they were awaiting decisions to be made in relation to their access arrangements. The centre manager reported this complaint to the allocated social worker and requests made by the young person in relation to access arrangements were considered and granted to the young person's satisfaction prior to the review. The inspectors found that the young people were encouraged to complete child in care review forms and participate in their statutory review meetings and both young people had attended their most recent care plan meetings. There was evidence on file that the centre manager and regional manager had both requested a copy of the outstanding care plan from the allocated social worker.

Placement plans were developed on a monthly basis for each young person by the centre manager in conjunction with their keyworkers. While the centre did not have an updated care plan on file for one young person the centre had taken comprehensive minutes of the care plan meeting which was used to inform the placement planning process. Centre records evidenced that placement plans were discussed at team meetings, in supervision and handover meetings. Inspectors found that monthly keywork schedules were in place which identified specific pieces of work to be undertaken by key workers with the young people based on the goals of the placement plans. Young people were consulted in relation to their placement plan, and this was verified in interview by one of the young people who met with inspectors. Social workers confirmed to inspectors that they were sent copies of placement plans and their input was requested and family members, where

appropriate, were also consulted. Placement plans were subject to regular review by the regional manager and externally by the organisation's quality assurance officers.

Both young people had access to a range of specialist services such as Child and Adolescent Mental Health Service (CAMHS) , ACTS (Assessment and Consultation Therapy Service) and family therapy services. A behaviour support specialist attached to the organisation also provided clinical advice and guidance to the staff team and had attended a number of team meetings.

From a review of the care records there was evidence that there was good communication between the centre management, staff and the allocated social workers. There was significant correspondence on file from the centre manager liaising with the young people's social workers in relation to the young people's progress, requesting outstanding documentation and following up on any issues of concern. Social workers and a Guardian Ad litem interviewed were satisfied with the level of communication with the centre and the level of care provided to the young people.

<b>Compliance with Regulations</b>	
<b>Regulations met</b>	<b>Regulation 17 Regulation 5</b>
<b>Regulations not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards were assessed</b>

**Action Required:**

- None identified.

## Regulation 10: Health Care

### Theme 4: Health, Wellbeing and Development

#### Standard 4.2 Each child is supported to meet any identified health and development needs.

The centre had a policy on the “*General Health, Development and Wellbeing of the Young Person*” providing guidance to staff on the promotion of each young person’s general health and wellbeing while in their care. The young people’s files reviewed by inspectors contained medical histories which included health and development assessment reports to inform necessary interventions and supports. Up-to-date vaccination records were on file for both young people. The young people had access to a general practitioner (GP) and one of the young people remained registered with the family GP they attended prior to admission. Young people were linked in with dental and ophthalmic services. Where young people were reluctant to attend medical services there was evidence that there were ongoing efforts to get them to attend.

As previously highlighted only one of the two young people had an up-to-date care plan on file and the centre had requested the outstanding care plan from the social worker. Each young person had an up-to-date placement plan. The placement plans outlined their health needs in line with the young person’s care plan or in the case of the second young person, the minutes of their most recent care plan meeting and their referral information. The centre made efforts to encourage young people to engage in a healthy lifestyle and carried out individual work with them focussing on their health and development needs including diet, nutrition and exercise. The centre also had a behaviour support plan in place for one young person which included a focus on maintaining good physical and mental health. At the time of inspection both young people were engaged in physical activities and one young person had access to a personal trainer and a gym. Another young person was talented at sports and this was encouraged and facilitated by the centre.

The young people were linked in with a range of specialist services and supported to attend appointments that related to their emotional and psychological wellbeing. One young person was unhappy with the delay in accessing specialist dental treatment and the impact this was having on their mental health. The young person had made a number of complaints in relation to this issue, and this was in the process of being resolved at the time of inspection. External specialist services had also met with the

staff team to provide them with guidance and support in their work with the young people.

The centre had a medication management policy in place and all staff were trained in medication management. The policy covered all aspects of medication management including the roles and responsibilities of management and staff in the administration, recording, storage and disposal of medicines. The inspectors reviewed medication records and were satisfied that medication was recorded appropriately in accordance with the centre policy. Inspectors noted that there was one medication error recorded in the period under review. Inspectors were satisfied from information provided by centre management and records that this incident was reviewed and learning identified. The centre conducted weekly medication audits. Inspectors noted that these audits were not being completed correctly on occasion and managers must ensure that there is more oversight to ensure that there are no recording inconsistencies going forward.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.2</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**

- None identified

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	The registered provider must ensure that the centre policies on complaints and “Child Protection -Safeguarding & Reporting” are reviewed with the management and staff team to ensure they are aware of the categorisation and thresholding of complaints.	<p>The regional manager delivered a refresh on the centres child protection policy and complaints policies on the 24<sup>th</sup> May 2023 at a staff team meeting.</p> <p>The Tusla “<i>Tell Us</i>” training developed by the organisation’s training department was completed by the staff team through internal learn upon in May 2023.</p>	<p>All staff team members have been trained in Tusla’s “Children First Mandated person” eLearning module training in May 2023.</p> <p>Ongoing review of centre policies in staff team meetings.</p> <p>The centre manager and regional manager have oversight of all complaints. These are reviewed monthly in service governance reports with quarterly trend analysis completed by the regional manager.</p>
2	N/A		
4	N/A		