



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: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</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 themed inspection</b>
<b>Date of inspection:</b>	<b>19<sup>th</sup> &amp; 20<sup>th</sup> February 2024</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> May 2024</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 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 fifth registration and was in year one of the cycle. The centre was registered without attached conditions from 16<sup>th</sup> July 2023 to 16<sup>th</sup> July 2026.

The centre was registered as a multi-occupancy service to accommodate four 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. At the time of inspection there were three young people in residence. One of the young people was aged under thirteen. The centre had applied for a derogation to the registration status for this young person and this was approved and subject to ongoing monitoring by the Alternative Care Inspection and Monitoring Service.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4
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 relevant social work departments on the 12<sup>th</sup> 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 22<sup>nd</sup> April 2024. 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 16th July 2023 to the 16th July 2026 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

**Regulation 16: Notification of Significant Events**

**Theme 3: Safe Care and Support**

**Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

The centre had policies and procedures in place to protect children from all forms of abuse and neglect. The inspectors found that these policies were in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017. There was evidence that the organisations child protection and safeguarding policy had been reviewed and updated in August 2023.

The centre had a child safeguarding statement which was displayed in the centre. Inspectors found that the statement had been reviewed and updated to reflect the current risks to the safety of the young people. All those interviewed identified the regional manager as the Designated Liaison Person (DLP) for the centre.

Training records reviewed by inspectors evidenced that all full-time staff had received training in the Tusla e-learning module: Introduction to Children First, 2017 and in the centre's child protection and safeguarding policy. The team had also received additional training in child sexual exploitation and in their role as mandated persons. The regional manager had attended a team meeting in January 2024 to discuss child protection including the role of the DLP, the mandated persons role and the organisations whistleblowing policy. While there was evidence that safeguarding and child protection procedures were reviewed at team meetings, centre management should ensure that all the team are familiar with them given the high turnover of staff in the centre in the past year.

The centre had an antibullying policy in place and there was no evidence of bullying in the period under review. There were however negative peer dynamics in the centre at times and frustrations expressed by young people in relation to the behaviour of co-residents. Inspectors found evidence of efforts to address this in house meetings and in the young people's individual work records. Two of the young people who met with inspectors highlighted this concern and the centre must continue to monitor this

issue closely going forward. Individual safeguards were also in place for young people for example individual crisis support plans (ICSP's), absence management plans (AMP's) and individual risk assessments when required.

The inspectors reviewed the centres child protection register and significant event records on file and were satisfied that the centre had reported all child protection concerns in line with Children First guidelines. There was evidence that risk assessments had been conducted and safeguarding measures put in place where necessary in response to child protection concerns. Inspectors interviewed staff and they were aware of their responsibilities as mandated persons in relation to reporting child protection and welfare concerns either jointly with the centre manager or independently in their own right. Inspectors found evidence of oversight of the child protection register by the regional manager.

There was evidence that the centre worked in partnership with social workers and families where appropriate to promote the safety and well-being of the young people. The social workers and other professionals for the young people confirmed to inspectors that they were satisfied their allocated young people were safe, cared for effectively and they had no safeguarding concerns. There were agreed procedures in place to inform parents of allegations of abuse.

Inspectors reviewed individual work records that evidenced the work completed with the young people to help them understand their feelings and behaviour and develop self-awareness and skills needed to keep themselves safe in their community. The inspectors met with two young people during the inspection, both of whom stated they felt safe in their placement and identified key people they would speak to if they had an issue.

The centre had a written policy in place on internet and social media use. There were age-appropriate restrictions on the use of children's access to technology and there were no reported concerns in relation to inappropriate phone/ internet use. Inspectors found preadmission risk assessments on file which had been conducted prior to the young people's admission to identify and address areas of vulnerability and risk. The social workers told inspectors in interview that the centre regularly sent them risk assessments for their comments, and they were made aware of any safety concerns.

The centre had a policy and procedure on protected disclosures/whistleblowing. Staff interviewed were aware of whom they would report a concern about a staff or manager's practice. Staff members felt confident to challenge poor practice and did not fear adverse consequences to themselves should they raise a concern.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 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>Standard 3.1</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.

**Regulation 5: Care Practice s 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 found from a review of centre records and interviews with management and staff that there were systems in place to evaluate and review the safety and continuity of care being provided to young people within the centre. There was evidence that the acting manager monitored the quality of care through reviewing records, observation of staff practice and daily interactions with the young people. They reported to a regional manager who was provided with monthly service governance reports and conducted audits. Management and team meetings took place on a regular basis where quality, safety of care and outcomes for young people were discussed. There was evidence that action was taken in response to any identified deficits found in centre quality audits. Records of team meetings showed

that any learning from these audits was discussed at team meetings. This included shared learning from the ACIMS inspections of the organisations other centres which is good practice.

Inspectors found that the centres external auditing system had changed since the last inspection in April 2023. The organisation previously had two auditors in post who conducted regular comprehensive audits based on the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors found that these auditors were no longer in post and the last audit they conducted took place in June 2023. Since then, the auditing function had been undertaken by the regional manager. Inspectors reviewed a sample of the regional managers audits and found that these were not fit for purpose as they contained insufficient detail and limited analysis. Post inspection the regional manager notified inspectors that the organisation had a plan in place to recruit a Quality & Practice Manager to ensure governance and oversight. In the interim the external auditing function would continue to be carried out by the regional manager using a new audit tool and focussing on themes of the national standards which were most relevant to the centre. At the time of the inspection there were also a number of internal management changes occurring within the organisation. A new centre manager had been recruited and a new regional manager was due to be appointed.

Inspectors were satisfied that information in relation to complaints, concerns and incidents were recorded and monitored. Records viewed by inspectors provided evidence that complaints were being monitored and analysed in a number of forums including team meetings and management meetings. There was evidence that the complaints process had been discussed with the young people in individual work and house meeting records. The young people who met with inspectors were aware of their right to complain and how to make a complaint. Serious incidents were being reviewed at team meetings and significant event group meetings for learning purposes and feedback given to the staff team.

The centre management was aware of the requirement for the registered provider to conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people. However, no annual review had taken place in the year prior to inspection.

<b>Compliance with regulations</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 areas under this standard 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 areas under this standard were assessed</b>

### **Actions required**

- The registered provider must ensure that there are adequate arrangements in place to assess the safety and quality of care provided in the centre against the National Standards for Childrens Residential Centres 2018 (HIQA).
- The registered provider must ensure that they conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people.

### **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.**

Inspectors were satisfied that the registered provider had an appropriate focus on workforce planning. There was evidence in centre records that staffing requirements were reviewed in a number of forums including management meetings and meetings with the organisations HR department. Inspectors found at the time of inspection that the centre did not have sufficient numbers of contracted full-time staff to meet the centre's statement of purpose. Five of the care team had left their posts since the last inspection in April 2023. In addition, the centre manager had resigned their position in January 2024 and in the interim the deputy manager had assumed the role. Inspectors were informed that efforts were ongoing to recruit additional staff.

Post inspection the ACIMS was notified that that a new centre manager had been appointed and took up their post in March 2024.

The centres designated core permanent team comprised of a manager, deputy manager, three social care leaders, six social care workers and two relief staff. At the time of inspection there was a deputy manager, seven contracted staff and two relief staff working in the centre. Another two staff members were unavailable for work due to various forms of leave. This level of staffing was not in compliance with regulation 7 on staffing and was below the required minimum standard of eight staff to comply with the regulations and as set out in the ACIMS Regulatory Notice - Minimal Staffing Level & Qualifications CRC Settings.

Inspectors reviewed the care package specifications and placement proposals set out at admission stage for the young people and found that the agreed staffing ratio was for three staff on shift each day with the three young people in placement. Inspectors examined centre rosters in the six-month period prior to inspection (September 2023 – February 2024 ) and found that the centre was unable to meet these requirements and the centres inability to staff the centre had become increasingly difficult over time. Inspectors found that the centre used a total of 33 different individuals to work the roster during this period. This included the centres own staff along with full time and relief staff redeployed from the organisations other centres to fill gaps in the roster. A review of the rosters showed that on many occasions the centre operated with only two staff on duty. For example, in the month prior to this inspection (January /February 2024) there were only three staff on duty on 11 of the 31 days.

It was evident that the short staffing in the centre had a negative impact on the young people. Records viewed by inspectors showed that the lack of a consistent team was causing additional anxiety for the young people in particular for one young person who was coming to the end of their time in care. While inspectors were in the centre they observed the young person express dissatisfaction at having a staff member they were unfamiliar with accompanying them on an outing from the centre. Two of the young people had made written complaints in relation to the lack of adequate staffing and the number of different staff who were working in the centre that they did not know. In interviews with inspectors the young people complained that their free time had been cut short, transport arrangements had been affected and activities had been restricted on occasion due to short staffing. On another occasion a young person complained about having a staff member they had never met wake them up in the morning. In response to these complaints the regional manager met with the young people to outline the organisations efforts to recruit additional staff.

There was a policy and measures in place to promote staff retention and continuity of care for young people. This included an employee assistance programme, the provision of on-going training, salary increases, career progression opportunities and access to healthcare.

The centre had an on call policy in place to assist the team in dealing with any crisis or emergencies when the acting manager was absent from the centre. Staff interviewed found this procedure to be an effective support to them in their role.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

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

### **Actions required**

- The registered provider must ensure that there are adequate numbers of full time and relief staff employed in the centre with regard to the numbers and needs of the children and to cover all forms of leave.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	N/A		
5	<p>The registered provider must ensure that there are adequate arrangements in place to assess the safety and quality of care provided in the centre against the National Standards for Childrens Residential Centres 2018 (HIQA).</p> <p>The registered provider must ensure that they conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people.</p>	<p>Themed audits based on the HIQA National Standards have been implemented across all centres and are being conducted by Regional Managers at present. There is a current schedule in place whereby two themes will be completed by end of May 2024.</p> <p>Annual reviews will be completed for the centre by 1<sup>st</sup> June 2024.</p>	<p>A quality and risk role has been advertised within the organisation and interviews are due to take place on 7<sup>th</sup> May 2024. This role will oversee and assess the safety and quality across all services in line with HIQA National Standards.</p> <p>The role of quality and risk will be to oversee and complete annual reviews based on audit action plans.</p>
6	The registered provider must ensure that there are adequate numbers of full time and relief staff employed in the centre with regard to the numbers and	Since time of inspection one staff member has returned from maternity leave and one staff member remains on long term sick leave. Currently two additional contracts	Recruitment is ongoing with additional interviews scheduled for relief staff to cover upcoming leave.



	needs of the children and to cover all forms of leave.	have accepted and are pending in line with the recruitment process.	Ongoing recruitment campaign in place with the aim for additional contracts to recruited.
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