



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 073

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	04th & 05th July 2023
Registration Status:	Registered from the 28th of September 2022 to the 28th of September 2025
Inspection Team:	Paschal McMahon Sinead Tierney
Date Report Issued:	26th September 2023

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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 their first registration in 2010. At the time of this inspection the centre was in their fifth registration and in year one of the cycle. The centre was registered without attached conditions from the 28th of September 2022 to the 28th of September 2025.

The centre was registered 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 three young people resident in the centre at the time of the inspection. The centre was granted derogation to accommodate one of the young people as they were under thirteen years of age on admission.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Effective Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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 30th August 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 regional manager returned the report with a CAPA on the 11th September 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: 073 without attached conditions from the 28th of September 2022 to the 28th of September 2025 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 wellbeing and personal development.

Inspectors found that there were up-to-date statutory care plans on file for all three young people in residence. One of the young people in the centre was placed under derogation to the statement of purpose as they were under 13 years of age. The inspectors found evidence that this young person's placement had been reviewed in line with the timeframes set out in the legislation and as required in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service*. There was evidence on file that the young people were encouraged to attend their statutory review meetings. They had completed child in care review forms, and this was confirmed to inspectors by two of the young people in interview. There was also evidence in statutory care plan review minutes that, where appropriate, parents had participated in the review meetings and had an input in decisions made. Since the previous inspection one young person had been discharged from the centre and there was evidence of good planning to support the young person's transition to aftercare.

Up-to-date placement plans had been developed for all the young people that reflected their identified goals as outlined in their care plan and child in care review meetings. The placement plans were developed by the young people's keyworkers with oversight from the centre management and the social care leaders who were the case managers in the centre. The placement plans viewed by inspectors were focussed on a number of specific goals which were based on current needs and were subject to monthly review. Inspectors were of the view that one young person's placement plan could be strengthened and this is addressed further on in the report. Each young person's placement plan had a young person's input section which documented the young person's views. Social workers confirmed that they were provided with copies of the placement plans and there was evidence that the views of parent's were accommodated where possible. Targeted aspects of key work were identified each month that were undertaken by key workers and individual members of the team. Placement plans were discussed at team meetings to ensure all staff members were

familiar with the goals of each young person's placement. Placement plans and key working records had also been reviewed and audited by the external line manager.

The inspectors were satisfied that the young people had access to identified external supports in line with their care plans and the young people were linked in with a number of specialist services. A psychologist from one of these specialist services was providing clinical guidance to the staff team to support a young person's placement and had attended a number of staff meetings and statutory care plan reviews.

The centre manager and staff reported that there was effective communication with the young people's social workers. Social workers interviewed in the course of the inspection confirmed that there was regular and consistent communication with the centre, both via telephone and email in relation to the young people.

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

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

Actions required:

- None identified.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found from interviews and a review of care files that there was a positive approach to managing behaviour that challenges which was supported by a number

of behaviour management policies. All staff were trained in an approved model of behaviour management and there was evidence of regular refresher training being completed. Inspectors were informed at the time of inspection that the centre was in the process of introducing a new model of care. However, there was confusion in interviews in relation to the status of the proposed new model and no clear time frame for its implementation which needs to be addressed.

There was a stable staff and management team in place at the time of inspection. It was evident from interviews and a review of records that staff had built positive relationships with the young people and had a good understanding of the young people's needs and the underlying causes of behaviour. A review of key working records and life space interviews following incidents evidenced that efforts had been made to assist the young people in developing an understanding of their own behaviours. There was a written policy in relation to the use of sanctions. Inspectors found that there was not a reliance on sanctions to manage behaviour and that the team instead sought to use relationships and positive rewards. There was a behaviour analyst attached to the organisation who was available if required to provide guidance and develop behaviour support plans for the young people.

Inspectors found that the admission of a third young person to the centre in December 2022 changed the dynamic in the centre and resulted in the staff having to manage more behaviours that challenged. In the period prior to inspection there had been an escalation in a young person's behaviour which the staff team were struggling to manage. While the centre had an Individual Crisis Support Plan (ICSP) in place and were receiving guidance from an external psychologist to manage the young person's behaviour these measures were having a limited impact. Therefore, there was a need to develop additional strategies as the approaches in place to manage the behaviours were not effective in reducing the high number of incidents. Inspectors reviewed the young person's ICSP and placement plan and found they needed to be strengthened to include additional guidance provided to the team by the external psychologist. The ICSP also needed to be amended to reflect the environmental constraints in relation to the use of physical restraint.

Staff practice to manage behaviour that challenges was also guided by absence management plans and risk assessments. In addition to the young people's individual risk assessments there were risk assessments on file in relation to safeguarding pregnant employees. Inspectors found that these risk assessments were not robust based on the behaviours of the young people. The risk assessments did not include

the risk of physical assaults or appropriate guidance to pregnant staff in relation to any modifications to work practice in managing significant events.

The negative dynamic between peers in the centre resulted in instances where young people were targeted and had to remove themselves from situations which the young people informed inspectors caused them a high level of frustration. There was evidence in key working records and young people's meetings that staff had worked with the three young people to improve the peer dynamics in the centre. Individual work had also been undertaken with the young people to assist them in responding to incidents where the behaviour of another young person was affecting them or they were being targeted, which in the majority of cases the young people responded to and followed staff direction. All the young people's social workers in interview acknowledged the difficulties and challenges in relation to the negative peer dynamics in the centre and expressed confidence in the centre's ability to manage the young people's behaviours. The centre had also been proactive in arranging a number of meetings with the social workers to address these concerns.

The inspectors were satisfied that there was sufficient preadmission information on the young people's care files provided by the young people's social workers to support the staff team in managing the young people's behaviour. Pre-admission risk assessments were also conducted prior to young people's admission. Inspectors found that in the case of the most recent admission who was under the age of thirteen that there was no reference in the pre-admission risk assessment to the fact that the young person had access to a mobile phone with no parental apps or staff monitoring measures in place. While the centre management along with the young person's social worker and Guardian Ad Litem confirmed that this issue had been discussed at pre-admission and strategy meetings, the pre-admission risk assessment and admission meeting minutes on file did not reference the necessity for any safeguarding or monitoring measures to be put in place in relation to the dangers of inappropriate phone or online abuse. On admission efforts were made to encourage the young person to allow staff to monitor their phone and to engage the young person in key working around phone and internet safety but there was limited engagement from the young person. The young person subsequently engaged in unsafe and risky online behaviours which resulted in the subsequent removal of the phone by the Gardai.

Inspectors found evidence that the centre manager and regional manager were appraising the centre's approach to managing behaviour, commenting on significant event reports. The centre manager reported that they had also linked in with the

organisation's behaviour management trainer in relation to appropriate interventions and approaches. Significant events were reviewed at team meetings and at managers meetings. The centre had a significant event review process (SERG) in place to review serious incidents. However, inspectors found that despite the increase in the number of significant events relating to a young person in the period prior to the inspection during which there had been an increase in the number of assaults and physical interventions, no SERG review had taken place. Inspectors were informed during the inspection by the centre managers that a date for a SERG review was scheduled.

At the time of the inspection there were two permitted restrictive procedures in place which were the use of bedroom door alarms at night-time and the use of physical restraint. Both restrictive procedures were subject to risk assessments that were subject to regular review at team meetings.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The registered provider must ensure that there is a clear time frame for the implementation of the centre's new model of care.
- The centre manager must ensure that one of the young person's individual crisis support plan (ICSP) and placement plan are strengthened to include additional guidance provided to the staff team by the external psychologist. The ICSP must also be amended to reflect the environmental constraints in relation to the use of physical restraint.
- The centre manager must amend the risk assessments in place for pregnant employees to include the risk of physical assaults along with appropriate guidance, corrective actions and any modifications to work practice in managing significant events.

- The centre management in conjunction with the relevant social work departments must ensure that there are appropriate safeguarding measures in place in relation to the young people's use of mobile phones.
- The registered provider must ensure that the centre is proactive in convening significant event review group (SERG) meetings in response to an increase in significant events.

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that there was a strong focus on supporting the young people to achieve their potential in learning and development. Through review of centre records and inspection interviews it was evident that the team sought to identify the individual strengths, interests and abilities of each young person. When young people were admitted to the centre attempts were made to maintain them in their own school placements.

All of the young people were supported to attend their educational placements and there was evidence of the centre working collaboratively with schools in maintaining these placements. The centre was aware of the role of the education and welfare officer and had linked in with them to seek guidance and support in relation to one of the young people. There were challenges in relation to one young person's educational placement and attendance was an issue. It was evident that the centre had made efforts to address the young person's level of engagement. Incentives and plans were put in place to encourage attendance which resulted in a positive outcome to the young person's completion of their school placement. A follow on educational placement had since been identified and there was evidence of forward planning in relation to accessing additional supports for the young person.

The two young people interviewed during the inspection both stated they felt well supported by the staff to attend school and they had appropriate facilities and space in the centre to complete their studies. Allocated social workers and external professionals were satisfied that the centre was making every effort to support and encourage the young people to attend their educational placements.

Inspectors found that there were comprehensive educational records on file including school reports and certificates of achievement. These records included educational

assessment reports along with records of efforts made to access appropriate supports and services based on the young people's needs. The young people had access to specialist educational assessments when required. Records viewed also evidenced that young people's educational achievements were acknowledged and celebrated. The centre encouraged the young people to engage in extracurricular activities and in maintaining friendships outside of school.

There was evidence on file that the centre managers maintained regular contact with the young people's educational placements and attended relevant meetings. Parents where possible were consulted around the young people's education and were updated on their progress. Key working records viewed by inspectors evidenced staff highlighting the importance of education and regular discussions with the young people in relation to their school progress. There was evidence in care plan and team meeting records of young people's educational progress being reviewed, and actions identified to support and meet young people's educational needs.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
3	<p>The registered provider must ensure that there is a clear time frame for the implementation of the centre's new model of care.</p> <p>The centre manager must ensure that one of the young person's individual crisis support plan (ICSP) and placement plan are strengthened to include additional guidance provided to</p>	<p>There are 4 tiers to the organisations model of care - Positive Behaviour Support, Therapeutic Crisis Intervention, Saoirse programme and the Sanctuary Model. Positive behaviour support framework is currently in place in the centre along with the use of T.C.I. and Saoirse. All the staff team are trained in these elements. The Sanctuary Model has been planned for roll out later this year with Unit Managers and Deputy Managers being trained in October 2023 and staff teams in the early part of 2024.</p> <p>ICSP has been strengthened to include guidance by external psychologist, the organisations internal behaviour analyst and T.C.I. trainer. This has also been further amended following</p>	<p>A clear training plan is in place for the delivery of the core elements of the model of care across the remainder of 2023 and the early part of 2024 to ensure all team members are trained and informed in the content and use of the overall model of care in the organisation.</p> <p>Ongoing review of ICSP by Unit Manager. ICSP audited as part of risk management by Regional Management and T.C.I. trainer when there is an escalation of behaviours.</p>

	<p>the staff team by the external psychologist. The ICSP must also be amended to reflect the environmental constraints in relation to the use of physical restraint.</p> <p>The centre manager must amend the risk assessments in place for pregnant employees to include the risk of physical assaults along with appropriate guidance, corrective actions and any modifications to work practice in managing significant events.</p> <p>The centre management in conjunction with the relevant social work departments must ensure that there are appropriate safeguarding measures in place in relation to the young people's use of mobile phones.</p>	<p>implementation of an individual behaviour support plan for this young person. The ICSP has also been amended to include appropriate restraints that can be used due to environmental constraints by the TCI trainer.</p> <p>After recent escalation in behaviours one staff member has since gone on Health and Safety leave and under a re-reviewed risk assessment the other staff member was redeployed to another unit. Risk assessments are being reviewed weekly with pregnant employee who has been redeployed.</p> <p>In conjunction with social work department the young person's phone was removed By the Gardai for Safety concerns. In recent court review the young person was informed by the judge that they will not be allowed to have a phone for the foreseeable future. This will be reviewed again in court in November 2023.</p>	<p>Management to review risks within the centre and ensure risk assessments are robust for pregnant employees, risk assessments to review options of redeployment if necessary and focus on rota management for the safety of pregnant employees.</p> <p>Ongoing risk review in relation to the use of mobile phone use in conjunction with social work department. A behaviour support plan has been implemented and should young person receive the phone back this will be reviewed in line with risk to include parental controls and will be reviewed in line with B.S.P.</p>
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	The registered provider must ensure that the centre is proactive in convening significant event review group (SERG) meetings in response to an increase in significant events.	SERG meeting took place on the 6 th of July 2023 following increase in Significant Events. SERG review took place on the 19 th of July 2023 following a significant event. Significant event reviews are being monitored and completed in line with policy.	Significant event trend analysis reviewed monthly as part of unit manager Service Governance reports monthly. Regional Manager provides consistent oversight. Any reviews are discussed in weekly childcare meetings and at weekly link in meetings with the Unit managers.
4	N/A		