



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 097**

**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>12<sup>th</sup> &amp; 16<sup>th</sup> October 2023</b>
<b>Registration Status:</b>	<b>Registered with conditions attached from the 22<sup>nd</sup> of December 2023 to the 22<sup>nd</sup> of December 2026</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> January 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 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 December 2008. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from the 22<sup>nd</sup> of December 2020 to the 22<sup>nd</sup> of December 2023.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for up to four young people from age thirteen to seventeen years on admission. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model includes work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were four young people living in the centre at the time of inspection. Two young people were placed outside of the centre's purpose and function and a derogation had been approved from the Alternative Care Inspection and Monitoring Service.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.2
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.2

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 on the 6<sup>th</sup> November 2023 and to the relevant social work departments on the 6<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 20<sup>th</sup> November 2023. This was deemed to be unsatisfactory.

The findings of this report and assessment of the submitted CAPA deem the centre to be not 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: 097 with attached conditions from the 22<sup>nd</sup> December 2023 to the 22<sup>nd</sup> December 2026 pursuant to Part VIII, 1991 Child Care Act.

It is the decision of the registration committee to attach the following condition to the centre's registration under Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991:

- There must be no further admissions of a young person under 18 to this centre until ACIMS receive the appropriate assurances and evidence that the number, qualifications, experience, and availability of members of staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

This condition will be attached to the registration of the centre from the 12<sup>th</sup> of January 2024. The condition will be reviewed on or before the 30<sup>th</sup> of April 2024.



### 3. Inspection Findings

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

**Regulation 9: Access Arrangements**

**Regulation 17: Records**

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

**Standard 1.2 Each child's dignity and privacy is respected and promoted.**

Inspectors met with three young people during the inspection. The young people spoke positively about their keyworkers and the care they were receiving from the staff team. There were some issues raised that will be discussed further under standard 5.4 of this report. Young people confirmed they were afforded privacy where needed in terms of their personal space and meetings with social workers, this was confirmed by professionals interviewed also. Young people confirmed their personal belongings were respected within the house. Inspectors spoke with three social workers and one guardian ad litem, all of whom confirmed they felt the placement was appropriate, the staff team respected the young people's and they were afforded opportunities to have meetings in private when they visited the house.

Young people, where appropriate, had free time arrangements in place that allowed them to spend time alone outside of the house. There were also clear family access arrangements in place. The younger children had play dates organised and friends over to visit them in their home. Young people were also afforded time alone in their rooms within the house and due to the size of the house, extra rooms had been converted to ensure each young person had access to individual games room / sitting rooms.

Due to a safety concern with one young person there were door alarms in place on their bedroom door. The centre identified this as a restrictive practice. Inspectors reviewed this and did not see this as restrictive practice but as a safety precaution. The alarms did not place restrictions on the young persons privacy or inhibit them from entering / leaving their room. They had been reviewed at statutory review meetings with all professionals involved in the young person's care.

Young people had been provided with information upon admission in relation to their right to access their files and also information on who else may access and

review their files. They was also evidence to demonstrate they were routinely offered the opportunity to review their records.

The centre manager and staff team interviewed confirmed that each young person had a memory box that was kept in the staff office. Memorabilia was added to this over time including photos and certificates of achievements. Inspectors were informed these would be presented to the young people when they move on from the centre.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 9 Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.2</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>

#### **Actions required**

- No action required.

**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. Policy outlined they would carry out regular audits on the service. Inspectors were informed currently audits were carried out in the house twice a year. One audit had been completed to date in

April 2023. This audit reviewed themes 1, 3, 5 and 7 of the National Standards for Children's Residential Centres 2018 (HIQA) and covered a four month look back period from January to April 2023. The audit was in depth and detailed. Inspectors found that while the auditing format was comprehensive, the frequency needs to be reviewed in order to ensure the organisation can effectively respond to deficits and gaps in service provision. The centre had gone through a period of instability from June 2023 however there was no arrangements in place to assess the quality, safety and continuity of care and ensure it was regularly reviewed during this time.

The organisations quality assurance auditor carried out an annual review of compliance for 2022. This covered themes 1 -4 of the National Standards for Children's Residential Centres 2018 (HIQA) but omitted the remainder of the themes of the National Standards and most importantly did not review leadership, governance and staffing.

Inspectors reviewed young people's care files and found that on the whole 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.

It was noted that one young person was impacting on the other three children at times due to their behaviours. This had escalated since June 2023, and whilst incidents were sporadic as opposed to ongoing, impact was noted on the other young people. One young person had made four complaints in relation to the other young person's behaviour and staff responses to same. The centre manager and regional manager followed the internal process to bring the complaint to resolution however this was escalated to the social worker for review. Inspectors met with the young person who was frustrated and did not feel listened to by their social worker in relation to their complaints. At the time of inspection, the social worker had not met with the young person to discuss their complaint. They subsequently met with the young person after a request to do so was made by inspectors. It was noted the young person had been encouraged by their key worker to engage with EPIC (empowering people in care) as an additional advocate.

Inspectors also noted three significant incidents that occurred in June, July and October that had impacted on the other three residents within the house. In the most recent incident, young people were directed to lock themselves in their bedroom as a protective measure. Whilst a significant event notification (SEN) was alerted to the social work department of the young person in crisis, SENs were not alerted to the

other placing social work departments and social workers confirmed they were not aware of said incident. The centre manager must ensure all incidents, whether young people are directly involved or not, are alerted to social workers where there is a direct impact on the young person as a result of others behaviours. Inspectors met with the two younger children who both expressed a fearfulness of living in the house with the older young person. Inspectors wrote to all placing social workers following their house visit and requested a joint strategy meeting be coordinated to discuss safety planning for all young people. This was being coordinated by the centre manager and occurred on the 31<sup>st</sup> October. It should be noted on a general day to day basis, it was felt by social workers and guardian ad litem interviewed and inspectors overall that the standard of care provided to the young people was to a high standard however in times of crisis, safe and effective care could not be maintained within the centre. This was mainly due to the lack of staffing available. This will be discussed in further detail under standard 6.2 of this report.

Incident reviews had occurred relating to the aforementioned incidents however it was noted that these reviews were isolated and focused solely on the young person's behaviours. They did not focus on environmental factors, staff responses nor the impact on other young people within the house. The regional manager and behaviour management trainer must ensure reviews take a rounded view and are carried out robustly with learnings evident and shared with team members for development.

<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 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 were assessed</b>

### **Actions required**

- The registered provider must ensure robust review/auditing of the quality, safety and continuity of care being provided to the young people is occurring on a regular basis.

- The registered provider must ensure the annual review of compliance covers all aspects of care being provided to young people in line with the centre's objectives.
- The centre manager must ensure all incidents, whether young people are directly involved or not, are alerted to social workers where there is a direct impact on the young person as a result of others behaviours.
- The regional manager and behaviour management trainer must ensure reviews take a rounded view and are carried out robustly with learnings evident and shared with team members for development.

### **Regulation 6: Person in Charge**

### **Regulation 7: Staffing**

## **Theme 6: Responsive Workforce**

### **Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.**

Inspectors found that staff recruitment was in line with legislation and the organisation had policies in place to support same. Inspectors reviewed personnel files, all of which were well maintained and securely stored within the organisations head office. Staff members interviewed confirmed they received a job description and contract upon employment with the organisation. Inspectors reviewed a copy of the social care worker job description which clearly outlined the responsibilities and expectations of the role. There was a written code of conduct in place and staff members interviewed were familiar with same.

At the time of inspection, the centre had a full-time centre manager and acting deputy manager, two social care leaders and four social care workers. All bar one staff member had been appointed to their current roles in 2023. Inspectors found that recruitment had not been carried out in compliance with the ACIMS regulatory notice on minimal staffing levels and qualifications. Excluding the centre manager and acting deputy manager, there were no staff members qualified in social care, staff members were qualified in a relevant discipline. One staff member had experience of working in children's residential services, three had no experience and two had limited experience in other social care sectors. There were four relief staff members

available to the centre, three had no experience and one had experience in another social care sector.

From a review of documentation and through interviews, it was evident that lack of adequate staff was impacting on the management and staff teams' ability to provide safe and effective care to all four young people, particularly during times of crisis. Staff members were working additional shifts to ensure the roster was covered, the centre manager had worked weekend shifts on top of their normal Monday – Friday duties, staff members had postponed annual leave and during times of crisis within the centre, the team's ability to respond effectively to incidents was limited due to lack of availability or inexperienced staff members. On one occasion an incident was managed by two staff members with four young people and on another occasion one young person could not be brought to school due to lack of staff availability. Inspectors received an update from the centre manager in mid-December 2023 confirming recruitment was in process for new staff members, with one staff member having taken up employment and two in the process of awaiting vetting. The three newer staff members were not social care qualified but were qualified in a relevant field.

Thirteen staff members had left the centre since the last inspection in May 2022. Inspectors reviewed exit interviews that had been carried out and found three common themes emerging; staffing shortages, late night driving and pay. The centre manager had reviewed a young person's individual absence management plan and made changes to same with the social work department in a bid to address the concerns regarding late night driving. The organisation introduced new pay scales in September 2023. In the absence of recruitment of new staff members, staff shortages continued to be an ongoing concern. The centre operated under a ratio of 3:4 ie: three staff to four young people. Given the issues discussed under standard 5.4 of this report, it was the opinion of all interviewed in this inspection process that 1:1 staffing should be provided to ensure safe and effective care could be maintained at all times. As mentioned previously, an audit had not occurred to date in 2023 that examined staffing, nor had the 2022 annual review of compliance reviewed staffing or set parameters/goals for the year ahead in a proactive manner that was evidenced to inspectors.

The centre manager held appropriate qualifications and had sufficient practice and management experience to manage the centre and meet its stated purpose, aims and objectives. Inspectors saw evidence through team meeting minutes, log oversight and handovers of the centre manager providing leadership to the team. Professionals

interviewed stated communication with the centre manager was to a high standard and were of the opinion the manager provided support and guidance to the team.

<b>Compliance with Regulation</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 6.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards were assessed</b>

#### **Actions required**

- The registered provider must ensure as a matter of priority that the number, qualifications, experience and availability of members of the staff in the centre is adequate giving regard to the number of children residing in the centre and the nature of their needs.
- The registered provider must ensure recruitment is carried out in line with the ACIMS regulatory notice on minimal staffing levels and qualifications.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	No action required.		
5	<p>The registered provider must ensure robust review/auditing of the quality, safety and continuity of care being provided to the young people is occurring on a regular basis.</p> <p>The registered provider must ensure the annual review of compliance covers all aspects of care being provided to young people in line with the centre's objectives.</p>	<p>All themes from national standards will be audited by year end in the centre. Any outstanding themes will place emphasis on the care provided since the last audit placing specific focus on any deficits or periods of instability identified.</p> <p>Annual review of compliance will include overview of all themes covered in audits and as audits will cover all themes this will correct the issues.</p>	<p>Going forward into 2024, audits will cover all themes from the national standards. It is planned that auditing will occur quarterly within the centre. This Should allow for robust review that focuses on the safety and continuity of care without any prolonged gaps in between these reviews therefore identifying any gaps/ deficits without prolonged periods of time passing.</p> <p>Going forward into 2024, audits will cover all themes from the national standards. This will directly inform the content of annual review of compliance. The annual review of compliance will inform planning and supports needed into the year ahead through any gaps or deficits identified.</p>



	<p>The centre manager must ensure all incidents, whether young people are directly involved or not, are alerted to social workers where there is a direct impact on the young person as a result of other behaviours.</p> <p>The regional manager and behaviour management trainer must ensure reviews take a rounded view and are carried out robustly with learnings evident and shared with team members for development.</p>	<p>A joint professionals meeting occurred on 31-10-23 between Centre Management, Regional Manager and all placing Social Workers. All recent incidents that could have impacted on young people whether directly involved or not were reviewed.</p> <p>SEN review completed prior to inspection was followed up with a professionals meeting involving all social workers of young people placed in the centre. Impact to all young people from this significant event was reviewed and strategies discussed.</p>	<p>There will be a specific focus on theme 6 for workforce planning given the issues identified in this specific location.</p> <p>Centre Management will alert all relevant Social Workers of any incidents likely to impact or those that directly impacted on young people placed in the centre.</p> <p>All further SEN reviews undertaken whilst continuing to review the significant event and what occurred, or deficits identified will also focus on the wider impact to other young people placed in the centre whether direct or indirectly involved.</p>
6	<p>The registered provider must ensure as a matter of priority that the number, qualifications, experience and availability of members of the staff in the centre is adequate giving regard to the number of children residing in the</p>	<p>Current and ongoing recruitment is targeted in the locality on bringing in social care qualified and experienced staff. Currently there are 2 pending full time contracts in process (vetting/ reference and training stage) and an upcoming full</p>	<p>On going recruitment strategies as outlined in corrective actions are in place and on-going recruitment and retention strategies are being developed and reviewed on going including at senior management and executive management level.</p>

	<p>centre and the nature of their needs.</p> <p>The registered provider must ensure recruitment is carried out in line with the ACIMS regulatory notice on minimal staffing levels and qualifications.</p>	<p>time contract transfer.</p> <p>Current and ongoing recruitment is targeted in the locality on bringing in social care qualified and experienced staff. Changes have been made to packages available to staff and additional incremental scales introduced to appeal to more experienced practitioners. Previous experience will also be considered in relation to placement on scale. The organisation is also scheduling open days and attending university/ college open days. Support from health/ social care specific recruitment agency is also in place.</p>	<p>On going recruitment strategies as outlined in corrective actions are in place and on-going recruitment and retention strategies are being developed and reviewed on going including at senior management and executive management level.</p>
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