An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 109

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Odyssey Social Care**
Registered Capacity:	**Two Young People**
Type of Inspection:	**Unannounced**
Date of inspection:	**21st, 22nd & 23rd August 2023**
Registration Status:	**Registered from 05th October 2021 to 05th October 2024**
Inspection Team:	**Joanne Cogley** **Sinead Tierney**
Date Report Issued:	**20th October 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 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 October 2015. At the time of this inspection the centre was in its third registration and in year two of the cycle. The centre was registered without conditions from the 05th October 2021 to 05th October 2024.

The centre was registered to provide dual occupancy to accommodate two young people from age thirteen to seventeen years on admission who are deemed as higher risk and in need of additional supports than those referred to multi-occupancy centres. The centre does not endorse a particular model of care but has a care framework which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The care framework was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included 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 alternative coping skills. There were two young people living in the centre at the time of the inspection. One of the young people was 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
3: Safe Care and Support	3.2, 3.3
6: Responsive Workforce	6.3

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 on the 21st September 2023 and to the relevant social work departments on the 21st September 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 5th October 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: 109 without attached conditions from the 05th October 2021 to 05th October 2024 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 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had a number of policies in place to support management of behaviour. This included: Policies on promoting positive behaviour and management of challenging behaviours, individual risk management, lone working, honesty and whistleblowing, management of absence and safety with social media. Inspectors conducted interviews with staff and members of management and found that whilst staff had access to specialist advice and appropriate support, up to date knowledge and skills varied across those interviewed, including different understandings and approaches to implementing plans in place.

There were two young people in placement at the time of inspection. One young person was settled in their placement and focused on planning for aftercare. While there were some noted incidents on file, the majority were positive reports. The second young person had been in placement six months and was still in a settling in period. They had engaged in 96 incidents since admission in which 46 physical interventions had been carried out to ensure the safety of them and others. Inspectors spoke with one professional involved in the young persons care and they noted that restraints were discussed at professionals meeting. The centres review of restraints and incidents will be discussed further under standard 3.3 of this report. There were a number of restrictive practices in place at the time of inspection. Risk assessments relating to these were evident and it was evident these had been discussed and reviewed with the allocated social work team lead on a regular basis.

The organisation provided training for staff in a recognised model of behaviour management which included physical intervention. The industry requirement for this model, along with the centre's own policy, was that refresher training must be completed on a six-month basis. From review of training certs, it was found that all bar one staff had up to date refresher training completed, one staff members training was expired over two months and they were booked to complete training in September 2023. Another staff member, whilst they had completed their refresher

training in August 2023, their previous training occurred in October 2022, an out-of-date timeframe of four months. This staff member was also involved in a significant number of restraints within the centre during the period of time they would have been deemed uncertified.

It was evident from reviewing incidents, restraints and speaking directly with the young person that they had challenges within their relationship with one staff member. It was evident that this had been highlighted with professionals and the staff member stepped away from working directly with the young person for a period of time however this had not served to improve the relationship. Inspectors noted when reviewing documentation there was no adequate, robust risk management plan in place, no clear incident reviews had occurred and no evidence of analysis of trends or patterns to explore what may be going on for the young person. Inspectors also reviewed individual work reports and found no evidence of pro-active individual work occurring with the young person to explore their perspective, conversations related to this issue occurred reactively after incidents involving the staff member.

Inspectors noted there were clear and concise individual crisis support plans in place along with individual absence management plans. Individual work was also reviewed and found to be to a high standard with a number of age-appropriate resources being utilised for both young people. One young person's keyworker was stepping away from the role for a set period of time and completed a good bridging piece with the young person in preparation for this. The guardian ad litem interviewed noted the significant importance of this relationship for the young person.

The company employed a behaviour support analysist who had drawn up a behaviour support plan for working with the young person. They also worked in conjunction with a Tusla appointed Psychologist to ensure the most appropriate plans were in place for the young person and this was presented to the team working with the young person. Regular professionals meeting occurred along with statutory reviews due to the young person being under 12 years of age.

Sanctions were reviewed and it was noted there was an over-reliance on the television as a consequence, including where it was not linked to the behaviours being displayed by the young person. TV had been a trigger for the young person prior to them moving to the centre and from a review of significant events, it remained a trigger. Where the TV was not a trigger or cause of an incident, it continued to be used as a sanction for the young person. It was also noted in team meeting minutes in July that where the young person refused to take a bath after physical activity, access to

the television should be withheld. Professionals interviewed were not aware this was in place. The sanction being utilised was not related to the behaviour and there was no noted improved in behaviour as a result of using the sanction, this should be reviewed immediately.

The organisation had a quality assurance auditor responsible for auditing the centre in line with the National Standards. Two audits had been completed to date in 2023. No audit had been completed in relation to Theme 3 'Safe Care and Support'. Inspectors did not find evidence of robust regular auditing of the centres approach to managing behaviour that challenges by personnel external to the centre and this deficit is highlighted in the findings above.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The registered provider had systems in place for ensuring significant people in the young people's lives had the opportunity to provide feedback in relation to their care. Social Workers and Guardian ad Litems had the opportunity to feedback through regular professional meetings and statutory review meetings. Parents were sent an annual survey from the organisation, however the regional manager did note there had been some difficulties obtaining responses and the organisation was currently reviewing this process with the aim of strengthening opportunities for feedback from parents. In some cases parents attended statutory review meetings and were afforded the opportunity to provide feedback on the care being provided to their child.

Policies and procedures were in place for the notification, management and review of incidents and inspectors noted from samples reviewed that incidents were being recorded and reported in a timely manner. Professionals involved in the young people's care confirmed to inspectors they received incident notifications in a timely manner and received verbal communication on a regular basis from the centre manager.

Inspectors noted from a review of documentation and interviews that incident reviews appeared to be limited. Inspectors reviewed two significant event review group (SERG) minutes available to them for the months of May 2023 and August 2023. The review from May 2023 was an all-encompassing review of the month whilst the August review was a specific incident. Evident learning was limited in both.

The centre's policy on behaviour management noted that where three restraints occur in a seven-day period an incident review would occur. Inspectors noted that over two days in May, six physical interventions occurred with one young person. There was no evidence to show this policy had been adhered to and a specific review had occurred. There was also no evidence to suggest this was discussed in the overall May significant event review group meeting. Inspectors spoke with one staff who had been involved in the incident and they confirmed they had not been invited to attend a review meeting nor were they aware of any learnings following these incidents. During these physical interventions, the young person, on two occasions, one during physical intervention and one during life space interview stated they had been 'hurt' and 'hit' by staff. In the oversight comments from the unit manager, regional manager and physical intervention trainer this had not been addressed nor was it discussed in the review minutes. Those interviewed confirmed no consideration had been given to reporting through either the complaints system or under Children First 2017 National Protocol.

From a review of the August incident review minutes, as mentioned this review occurred following a specific incident and concerns raised by the centre manager in relation to the management of the incident. The review was conducted with members of management and the physical intervention trainer. Those involved in the incident were not afforded the opportunity to have input into the review and the minutes were recorded from a management perspective. Inspectors reviewed a record of the phone conversations had with staff involved informing them of the outcome of the review and it was evident from this discussion that staff involved had information that would have been pertinent to the review meeting and may have altered decisions and learning outcomes in relation to this specific incident. There was no evidence to suggest follow up occurred and this was confirmed by the manager.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all areas were assessed.**
Practices met the required standard in some respects only	**Standard 3.2** **Standard 3.3**

Practices did not meet the required standard	**Not all areas were assessed.**

Actions required

- The regional manager and centre manager must ensure refresher training in physical intervention is carried out within the industry required six-month timeframe.
- The regional manager and centre manager must ensure a review is carried out in relation to the breakdown in relationship between one staff member and one young person and that adequate risk management plans are implemented in response to the findings of this review.
- The centre manager must ensure the use of the television as a sanction, outside of it being a natural consequence to their behaviour, must be reviewed immediately.
- The registered provider (or designated other) must ensure regular auditing of the centre's approach to managing behaviour that challenges.
- The centre manager must ensure policies are adhered to in relation to the review of physical intervention within the centre and that all incident reviews are robust and demonstrate learning outcomes that are shared with all involved in the young persons care.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors met with a number of staff during the course of inspection and for the most part they were clear and understanding of their roles and responsibilities. In one instance staff were not clear on their role as a mandated person and were not aware of who the designated liaison person was in the centre and this should be revisited with the team. Those interviewed confirmed they were supported to exercise their own judgement and make decisions when on shift and they found both the centre manager and deputy manager to be supportive in this.

Team meetings occurred on a fortnightly basis and overall attendance was good from the sample reviewed. Inspectors reviewed a number of meeting minutes and found there was a set agenda with opportunities to input additional items for discussion at each meeting. Inspectors did note in some sections there was evidence of duplication (copy & paste) occurring from meeting to meeting. The centre manager must ensure that meeting records are an accurate record of discussions. It was also noted in some instances that behaviour management techniques such as a 'feelings chart' were mentioned in each meeting however as time progressed there was no evidence to show whether these techniques were supporting the young person or if they were being reviewed for effectiveness.

A clear supervision policy was in place that outlined staff would receive supervision every four to six weeks. Inspectors noted this was occurring in line with policy. Those providing supervision were trained in a specific model of supervision however this model did not translate into the practice of supervision within the centre. Supervisees interviewed were not clear on the purpose of supervision instead referring to it as a 'check in'. While records were maintained on file, they were not signed by both the supervisor and supervisee and the quality of recording was poor. They did not allow for clear accountability, support or guidance. There was also significant reference to young people with sensitive information which would be in contravention to the principal of data minimisation within the data protection guidelines. As with team meeting minutes, there was also evidence of duplication throughout some records.

A system for appraisals was in place. Inspectors reviewed appraisals that had been completed for longer term staff members and found that they were detailed and honest discussions occurring. From appraisals reviewed it was noted that all had reduced motivation and were feeling under-appreciated in their roles. This was also evident in the body of some supervision records. Inspectors did not see plans to address this with staff members.

There were policies and systems in place that outlined appropriate supports to manage the impact of working in the centre and included access to an employee assistance programme.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all areas were assessed.**
Practices met the required standard in some respects only	**Standard 6.3**
Practices did not meet the required standard	**Not all areas were assessed.**

Actions required

- The centre manager must ensure team meeting records and supervision records are a clear and accurate record of discussions without duplication month on month.
- The centre manager must ensure the recording of young people's information in supervision is in line with the principles of data protection.
- The regional manager and centre manager must ensure supervision follows the model employed by the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The regional manager and centre manager must ensure refresher training in physical intervention is carried out within the industry required six-month timeframe.	The centre manager has reviewed and identified the current training needs to senior management and the training department. The staff member who had expired in training, has now attended, and completed the TCI refresher and training is now up to date.	Unit Manager will include any current and upcoming training needs in their Service Governance Report each month. Regional Manager will continue to review Training needs monthly and communicate these directly to the Training department requesting dates in advance of expiry. If any specific training expires, rationale is to be placed on file and next booking to be made as soon as possible. Training to be carried out in accordance with policy
	The regional manager and centre manager must ensure a review is carried out in relation to the breakdown in relationship between one staff member and one young person and that adequate risk management plans are	Discussions and plans including risk element of this staff member and one additional staff member have been discussed in SEN Reviews and CICR. All professionals are aware of this and expected rationale for same.	Young person to be afforded ample period of not working with this staff member to allow for indirect work to be completed both with the young person and the staff member. Lone working documents are reviewed and

	implemented in response to the findings of this review.	CICR took place on 04.10.23 where the RM attended, and this matter was discussed again with young person's mother. All professionals and young person's mother agree with the plan in place.	updated based on risk when/ should these situations arise. CPWRF's are logged where threshold met for same. Complaints are logged where appropriate in regarding advocacy for the young person.
	The centre manager must ensure the use of the television as a sanction, outside of it being a natural consequence to their behaviour, is reviewed.	The use of sanctions has been reviewed and natural consequences relating to the issue arising are now in use in house. Actively now encouraging use of positive behaviour reinforcement in conjunction with current Positive Behaviour Support Plan. Team Day occurred on 26th September with Behavioural Analyst in attendance to review the use of Positive Behaviour Support.	Regional Manager to complete review of consequences and sanctions operational in the house monthly as part of their governance to ensure that they are appropriate.
	The registered provider (or designated other) must ensure regular auditing of the centre's approach to managing behaviour that challenges.	Centre management have addressed deficits identified regarding audit content and or scheduling. The audit area on management of behaviour that challenges now includes an analysis of the implementation of	Audits will continue to be subject to review by the senior management team with a view to continuous quality improvement. The process to ensure that learnings identified in review of incidents or improvements required in terms of

		positive behaviour support.	behaviour management is clearly communicated to and understood by the staff team has been reviewed and updated. This will be evident in team meeting minutes and individuals' supervisions. Should there be an escalation in challenging behaviour outside of the audit schedule the regional manager will conduct a review as part of their Service Governance reports.
	The centre manager must ensure policies are adhered to in relation to the review of physical intervention within the centre and that all incident reviews are robust and demonstrate learning outcomes that are shared with all involved in the young person's care.	As per policy if there have been 3 or more physical interventions in a 7-day period this will be reviewed as part of an SEN review. Where possible these SEN reviews will include the staff members involved in the physical intervention. Learnings and actions will be shared as part of team meetings and individual supervisions. Meeting minutes will going forward contain more detailed information relating to content covered.	Where 3 physical Interventions or more in a 7 days period is evident a review will be completed in accordance to policy. Regional governance reports along with quality assurance audits will provide for oversight and governance to ensure policy and procedure is adhered to in relation to carrying out significant event reviews. Learnings from any SEN reviews or incidents in the organisation are reviewed and discussed weekly in the weekly link in forum across all services. This can be then evidenced in discussions in team meetings in

			services with staff teams. Regional Managers continue to provide daily oversight with regards to any significant events paying particular attention to the risk rating.
6	The centre manager must ensure team meeting records and supervision records are a clear and accurate record of discussions without duplication month on month.	Meeting minutes will going forward contain more detailed information relating to content covered and reflect the actual discussions held. Where an area has not been discussed it will be noted as same.	Regional Manager to review team meeting minutes and individual supervisions monthly for quality and content to ensure improvement.
	The centre manager must ensure the recording of young people's information in supervision is in line with the principles of data protection.	Regional Manager has revisited data protection and acceptable supervision content with the centre management to ensure improvements.	Regional Manager will review these supervisions monthly as part of service governance to ensure that the minutes and notes are in line with data protection.
	The regional manager and centre manager must ensure supervision follows the model employed by the centre.	Supervision Template is under review for content and quality with senior management currently to ensure that it fits with the model employed.	Supervision Template is under review for content and quality with senior management currently to ensure that it fits with the model employed. This will be completed by the end of October 2023.