



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 117

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	03rd, 04th & 05th April 2023
Registration Status:	Registered from 21st July 2022 to the 21st July 2025.
Inspection Team:	Sinead Tierney Linda McGuinness
Date Report Issued:	15th June 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 the centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 21st of July 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 21st of July 2022 to the 21st of July 2025.

The centre was registered to provide care for two young people aged thirteen to seventeen years on admission, on a medium to long term basis. The centre operated under a “*care framework*” which outlined 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 were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews via teleconference 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 to the relevant social work departments on the 8th of May 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 25th of May and a subsequent CAPA on the 31st of May. 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: 117 without attached conditions from the 21st of July 2022 to the 21st of July 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The inspection found that structures were in place, supported by policies in listening to the young people, valuing their opinions, and providing opportunities to be involved in their care. An information board in the communal area highlighted young people's rights including information on complaints, Tusla's *Tell Us* Complaint and Feedback Procedure and the advocacy group Empowering Young People in Care (EPIC). Young people's meetings were facilitated separately due to the dynamic between the two young people. The records of these meetings evidenced a wide variety of discussions and input from young people; however, these were recorded in a manner that suggested both young people were present. The centre manager must ensure that records accurately reflect attendance at meetings.

A booklet was provided and discussed with young people on admission that outlined their rights and information on advocacy services. The booklet was in the process of being updated to include information on Tusla's *Tell Us* procedure. An EPIC advocate had recently visited the centre and was supporting one young person with a matter they required support with.

Both young people chose to complete inspection questionnaires rather than meet with inspectors. A review of their questionnaires highlighted that whilst they were happy with areas of their care such as the homeliness of the centre, they were generally neutral and unhappy with areas such as having a say in making decisions. Whilst inspectors found evidence that young people were involved in placement planning, it is recommended that these issues are explored with young people in more depth by team members.

A child in care review was held for one young person prior to the inspection and although they were provided with the opportunity to inform the review through discussions with the centre manager, they were not invited to participate by the social work department. The centre manager informed inspectors that the young person was not happy with this decision. This was explored with the social worker who informed inspectors that the team leader felt that as the young person was upset at a previous review, that their input would be provided through the centre manager. The inspectors fed back to the centre manager that the young person's dissatisfaction with this decision should be explored further via the complaint's procedure or Tusla's Tell Us, to ensure avenues for the young person's participation in reviews are in place.

Inspectors noted from a review of care records that personal information was sent to An Garda Síochána on the admission of both young people as part of a standard procedure. The sharing of this information was not in response to any identified pre-admission risks and inspectors found such procedure did not uphold young people's rights. Management did not provide a legitimate rationale to inspectors for the sharing of this information with the Gardaí and therefore this could be deemed as a breach of the General Data Protection Regulations 2018.

A complaints policy was in place that outlined four stages in the resolution of complaints. These stages ranged from local resolution with a social care worker to escalation to the social work department. Although the complaints register was not up to date, the records maintained of complaints were detailed. It was evident that social care workers and management were creative in resolving complaints at local level with the young people. It was not clear however from the records if complaints were upheld or not, or what the overall outcome was. This was a similar finding in a recent inspection of another centre within the organisation and the regional manager was in the process of taking the required action to address this.

Social workers interviewed felt that a culture of listening to the views of young people was in place and they were notified of any complaints made.

Team members had completed complaints training and demonstrated knowledge of the policy and procedure in interview. Planning records evidenced that team members actively sought and included the voice of young people and family members in placement planning. Young people were also offered opportunities to read and have input into their daily logs.

Minutes of team meetings evidence that young people's meetings and complaints were mentioned. The details recorded of complaints were minimal and did not include which complaints were discussed or any learning identified. Management meeting minutes evidenced oversight of complaints and actions required from audits. An audit against aspects of Theme 1 of the National Standards for Children's Residential Centres, 2018 (HIQA) was completed in October 2022 by a person external to the centre. Neither young person was living in the centre at the time of audit, however the audit did provide some general areas for improvement by team members. It was clear from centre records reviewed that these improvements were incorporated into practice.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The regional manager must review the procedure for sharing young people's personal data with An Garda Síochána unless assessed as absolutely necessary.
- The regional manager must ensure that updates to the young person's booklet and the changes regarding the outcomes of complaint's are completed in a timely manner.
- The centre manager must ensure that team meeting minutes record sufficient information in regard to the management of complaints and changes to practice or service improvements as a result.

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.

In safeguarding young people and promoting their welfare, a range of procedures and systems were in place. The organisation's safeguarding policies and procedures were up to date with evidence these updates were shared at management and team meetings.

A child safeguarding statement was displayed and deemed compliant by the Tusla child safeguarding statement compliance unit. A review of personnel records found that recruitment and vetting procedures were fully adhered to. An information board in the team's office displayed information on the role of mandated person's, role and contact details of the designated liaison person and procedures for reporting child protection and welfare concerns. This information was also available in the child protection folder with evidence that team members had read and signed this folder. No child protection and welfare concerns had been reported for either young person since admission.

All team members and management interviewed demonstrated knowledge of Children First legislation, their roles as mandated person, procedures for reporting concerns and the protected disclosures policy. However, they did not make the connection with or articulate their own child safeguarding policies and procedures. On exploration of the internal child protection training, it was found that this training did not cover policies and procedures relevant to safeguarding.

Both young people were relatively new to living in the centre, however records reflected they did not get along with each other and both of them acknowledged this in their questionnaires. Their questionnaires, whilst different provided insight that must be explored in further detail by the team. For example, one young person stated that they did not feel that bullying was taken seriously, and another young person felt they would not talk to team members if they felt unsafe. A bullying policy was in place and although incidents had occurred between them, the team and social workers interviewed did not consider this to be bullying. A review of these incidents

found they were managed well by the team and learning opportunities created with the young people afterwards.

From interviews and observations, both young people were spending a lot of time in their bedrooms. The vulnerabilities that come with this and individual areas of vulnerabilities already identified were understood by some but not all team members interviewed. There was a mix of experience on the team in supporting young people with identified needs however key working records did not evidence planned work to address these. Placement plans named priorities each month but were not aligned to areas of need as identified in the care planning process. Whilst the inspectors acknowledge that relationship building between the young people and the team was at an early stage, the centre manager must ensure that key workers fully understand their role and document their work in supporting the young people.

The centre maintained high levels of communication with social workers as was evident from the records maintained. Social workers interviewed also felt there was a good partnership approach. Inspectors found that there was a delay by one social worker in following up on areas that required attention for one young person, and this was discussed with the social worker and the centre management team to ensure that any communication barriers are addressed to ensure the young person's needs are collectively responded to.

Compliance with Regulation	
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The registered provider must ensure that internal child protection training equips team members with knowledge on relevant organisational safeguarding policies and procedures.
- The regional manager must ensure that all team members and management fully understand and can articulate the organisation's child protection policies.
- The centre manager must explore with young people their views of feelings of safety as documented in their inspection questionnaires.
- The centre manager must ensure that key workers fully understand their role and document their work in supporting the young people in line with their care and placement plans.

Regulation 10: Health Care**Theme 4: Health, Wellbeing and Development****Standard 4.2 Each child is supported to meet any identified health and development needs.**

A child in care review (CICR) for one young person who was admitted to the centre in February 2023 was held shortly before the inspection and the centre were awaiting a care plan. The second young person did not have an up-to-date care plan on file following their CICR in January 2023. The regional manager had escalated this to the social work team leader during the inspection.

Notwithstanding this, the inspection highlighted ongoing efforts in place to support young people in living a healthy lifestyle. A smoking cessation initiative had been successfully completed with one young person and a focus on nutrition and exercise was evident. One young person was involved with an outdoor learning programme and plans were underway to engage the other young person. Whilst the efforts were evident across some records, the placement plans required strengthening to ensure that health; including physical, mental, and sexual health needs were outlined within the plans.

Neither young person was in education, however both expressed their wishes to attend an educational setting. The team had made several attempts to secure places and alternative educational options for both young people and these attempts were ongoing.

A programme of activities was in place to encourage the young people to be active during the day in the absence of an educational routine. Social workers interviewed were complimentary of the proactive efforts of the team to engage young people in sports, activities and living a healthy lifestyle.

One young person had decided to remain with their family general practitioner (GP) and had attended an appointment on admission. The other young person was registered with a doctor in another county and several unsuccessful attempts had been made to get them registered with a local GP in accordance with their wishes. Whilst this young person had attended an emergency GP appointment, they had not had an assessment of their health. Similarly, the centre had a policy that required a GP to permit administration of over-the-counter medications such as paracetamol to a young person. This had not been completed for the young person and as such the inspectors were informed that should they require medication for a minor ailment, an appointment at an out of hours GP would be required. The inspectors found that this was not an appropriate use of public health services and an assessment of their health and the medication that can be administered must be completed as a matter of urgency.

Both young people had attended the dentist and appointments were planned for ophthalmic services. Prior to admission to the centre, both young people had taken part in assessments of their needs and attended specialist services. Reports on file as part of the pre-admission information gathered, recommended further assessments and the need for therapeutic supports. Due to the absence of care plans and for one young person placement plans goals regarding their health, it was difficult to ascertain how these recommendations were being progressed. During interview with both social workers, it was confirmed that progress was being made in commencing the required assessments. Outside of these external assessments, the organisation's behavioural support analyst had met with a young person and completed an environmental assessment. This assessment was informing how the team could best meet the young person's needs.

A medicine management policy was in place supported by training that team members had undertaken. Medication was securely locked away and a review of handover records evidenced that tasks in relation to medicine management were adhered to daily and weekly. A review of medication records by inspectors identified errors and discrepancies. These included the wrong name of medication recorded, no dosage records on administration sheets, and errors in stock counts with no follow-up regarding some missing medication.

Whilst weekly audits of medication management were completed by social care leaders, these audits had not identified the issues above. There was no oversight of these audits by internal or external management and this system must be strengthened. An audit of theme 4 of National Standards for Children's Residential Centres, 2018 (HIQA) was completed in March 2023. Whilst this audit examined practice in relation to GP access, diet, exercise, and education, it did not assess the practice of medication management.

Compliance with Regulation	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that young people's health, including their physical, mental, and sexual health needs are outlined within placement plans.
- The regional manager and centre manager must ensure that oversight and auditing of medication management is robust.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The regional manager must review the procedure for sharing young people's personal data with An Garda Síochána unless assessed as absolutely necessary.</p> <p>The regional manager must ensure that updates to the young person's booklet and the changes regarding the outcomes of complaint's are completed in a timely manner.</p>	<p>Each young person prior to admission has a preadmission risk assessment conducted which rates high risk behaviours and the likelihood of these occurring. The highest rating noted is 25. If the risk rating is 15 or over then this would be deemed likely to occur. However, young person's data will only be shared with local gardai if a pattern of absconding is identified in the placement over the first 4-week period from admission.</p> <p>Changes have been made to young person's booklet and complaints policy/ documentation in this respect and staff members have been updated on these changes.</p>	<p>All unit management will be notified of this procedure through the weekly unit manager meeting forum on 30th May 2023.</p> <p>The organisations training department have designed training specifically in relation to 'Tell Us' and the appropriate use of this to support our complaints process. This will be completed across all services by the end of June 2023.</p>

	The centre manager must ensure that team meeting minutes record sufficient information in regard to the management of complaints and changes to practice or service improvements as a result.	Meeting minutes will going forward contain more detailed information relating to the discussions had around management of complaints, practice changes or service improvements.	As part of on-going auditing there will be review of team meetings and content to ensure it reflects discussions on complaints and the regional manager will regularly monitor same.
3	<p>The registered provider must ensure that internal child protection training equips team members with knowledge on relevant organisational safeguarding policies and procedures.</p> <p>The regional manager must ensure that all team members and management fully understand and can articulate the organisation's child protection policies.</p>	<p>The organisations training on child protection has been updated to include the organisations child protection policy as a key component. The training will focus on how the policy relates to practice. This will initially be rolled out by the regional managers as part of all centres team meetings across the month of June 2023.</p> <p>A refresher with the team on the child protection policy and procedures took place on 24/5/2023 in the team meeting and was delivered by the centre manager as the regional manager was on leave.</p>	<p>All staff are trained in Childrens First and receive internal training on the organisation's child protection training also as part of their induction. This revised training will be utilised going forward for all child protection refreshers across the organisation. This will be refreshed every 2 years at a minimum.</p> <p>The regional manager will conduct a review/ audit on knowledge of the organisations child protection policies. This will involve interviewing team members as part of this review/ audit to provide assurances that all team members are knowledgeable and refreshed in the processes. This will be completed by 30th June 2023.</p>

	<p>The centre manager must explore with young people their views of feelings of safety as documented in their inspection questionnaires.</p> <p>The centre manager must ensure that key workers fully understand their role and document their work in supporting the young people in line with their care and placement plans.</p>	<p>Centre manager completed a key working session with the young person who raised this issue on 15/05/2023 and discussed their feelings of safety that has been documented in their inspection questionnaire feedback.</p> <p>The centre manager has completed supervision with key workers and reviewed their roles and responsibilities as a key worker as part of their supervisions in April 2023.</p>	<p>Centre manager will ensure regular check ins with the young people regarding safety going forward.</p> <p>Monthly key working meetings will take place to ensure there are clear responsibilities and timeframes to meeting the young person's placement planning goals and that keyworkers are aware of their role, goals, and targets. These plans are reviewed monthly by the regional manager.</p>
4	<p>The centre manager must ensure that young people's health, including their physical, mental, and sexual health needs are outlined within placement plans.</p>	<p>This has been completed in the placement plan for both young people for the month of May and will continue to be included each month going forward.</p>	<p>Centre manager will review as part of monthly reviews relating to placement planning. All CICR recommendations relating to these areas will be added to placement plans.</p>

	The regional manager and centre manager must ensure that oversight and auditing of medication management is robust.	Medication refresher training has been completed on 4/5/23 with the staff and management by the training department.	Centre manager will ensure that audits are completed weekly and that review of this audit takes place by the centre management.
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