



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 136**

**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>Three young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup> and 14<sup>th</sup> February 2023</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> May 2021 to 30<sup>th</sup> May 2024</b>
<b>Inspection Team:</b>	<b>Cora Kelly Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>20/04/2023</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 on the 30<sup>th</sup> of May 2018. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 30<sup>th</sup> May 2021 to 30<sup>th</sup> May 2024.

The centre was registered as a multi-occupancy unit to provide medium to long term care for three young people aged between 13-17 on admission. Their model of care was based on theoretical approaches underpinned by four pillars of care; entry, stabilise and plan, support, relationship building and exit. The framework aimed to provide young people with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education. The organisation was continuing in their process of changing their model of care with the timeframe for completion scheduled for the end of 2023. 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 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 8<sup>th</sup> of March 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 23<sup>rd</sup> of March 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: 136 without attached conditions from the 30<sup>th</sup> of May 2021 to the 30<sup>th</sup> of May 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**

**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.**

Overall, it was the inspectors' findings that the centre demonstrated good practices in providing a child centred approach in meeting the individual needs and rights of the young people in placement with minor improvement required with respect to the complaints process. The centre had policies that guided practices in ensuring that young people were being listened to and procedures were in place that welcomed feedback, suggestions and complaints by the young people and their families. For example, there were policies on young person's rights and the handling and investigating of complaints. The inspectors found that centre management and staff demonstrated good practice in consulting with the two young people in placement. This was evident from their review of centre records, young people's care files, and further during inspection interviews where staff specified succinctly how they listened to the young people and encouraged them to be actively involved in making decisions regarding their daily living arrangements and overall care being provided to them. A section in the individual daily logs evidenced the recording of young people's views and input regarding for example daily routine, access, free time, and emotional well-being was being utilised fully. The oldest young person who spoke with inspectors onsite said staff listened to them and were encouraging them to make decisions around their care. The second young person stated through questionnaire that they had a say in making decisions and that staff were available to help them make important decisions. The inspectors observed positive interactions between staff and the young people and of staff demonstrating good child friendly ways of engaging with them in line with their individual needs, learning styles and communication needs. The role of the keyworkers was notable across this area. Both social workers in interview spoke positively of the centre's approach in responding to the needs of the young person they were appointed to and were satisfied of the work by staff and keyworkers in promoting their individual rights.

Through the forums of keyworking, daily handovers, and young people's meetings there was evidence of a culture of openness and transparency that welcomed feedback, suggestions, and complaints. The review of a sample of young people's meeting records evidenced positive engagement by the young people and effectiveness in terms of decisions being made appropriately and followed up with centre management when required. There was a designated place in the centre where information relating to complaints including complaint forms were held and a 'suggestion' box for feedback was available. The oldest young person confirmed with inspectors that they were aware of the complaints system with the second young person stating their awareness too through questionnaire. Both stated they would speak with staff if they wished to make a complaint. The young people's social workers were satisfied that the young people had a good knowledge of the complaints system.

Since the last ACIMS inspection in March 2022 five complaints were recorded on the complaints register; these were reviewed by the inspectors as per records stored in their care files. In line with the centre's four-stage process to resolving complaints two were appropriately resolved at local level i.e., at stage one of the process with the appointed social worker notified too. The remaining complaints, that were made by staff on behalf of the young people were escalated to stage four for external review, identified in the policy as the young person's social work team. On review of these complaint records the inspectors were unable to determine the true nature of the complaints. Staff in interview stated their interpretation of the complaints which resulted in different information being disclosed. It was evident that separate forms were not being completed for complaints. Learning is required in terms of what constitutes a complaint and how they are recorded. The regional manager had recognised this issue and advised the inspectors that refresher complaint training is scheduled to take place within the following month at a team meeting. The inspectors recommend that this occurs.

The young people's complaints forms were not utilised to record any of these complaints. Rather, they were entered into the centre's online complaint form system that was updated at all stages of the complaint process. The online system allowed for good robust tracking and monitoring of complaint data by centre management. The actual complaint form was a one-page record that lacked the appropriate structure to record the start, middle and end of a complaint and specifically the young person's feedback following resolution. The form must be updated for instances when a young person wishes to write their complaint. It would also be a more child friendly way of storing complaint records on their care files.

Both types of complaint forms lacked detail on whether a complaint was upheld, not upheld, or withdrawn.

The rights of young people were contained in the young person's information booklet with minimal information relating to complaints included. There was no outline of the complaints process, and it did not contain information relating to Tusla 'Tell Us' or contact details for the Ombudsman for Children. The inspectors recommend removing details relating to the designated liaison person as it's not required as part of a complaint's procedure. There was evidence of the advocacy support service Empowering People in Care (EPIC) being utilised as additional support for both young people.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16 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>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.6</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required:**

- Centre management must update the complaints form to ensure it correctly captures all information relating to all stages of the complaints process, including feedback following resolution and if complaints were upheld, not upheld or withdrawn.
- The centre manager must update the young person's information booklet to contain some information on the complaints process and contact details for external support services.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 16: Notification of Significant Events**

**Theme 3: Safe Care and Support**

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

The centre's child protection, safeguarding and reporting policy included the required reporting procedures for mandated persons, reasonable grounds for concern, responding to a disclosure of abuse by a young person, responding to protection concerns that did not meet the threshold for reporting to Tusla and responding to allegations against a staff member. Reporting procedures for non-mandated persons or the definitions of abuse were not included, and the inspectors recommend that they are incorporated upon the next review of the policy. A number of supporting policies included bullying, child exploitation, lone working, maintaining professional boundaries with young people, protected disclosures and safety with social media. In interview there was inconsistencies in staff demonstrating a sound knowledge and understanding of child safeguarding and of the whistleblowing policy.

The recently reviewed child safeguarding statement was prominently displayed in the staff office with a list of mandated persons provided to the inspectors. The regional manager as the appointed designated liaison person (DLP) for the centre stated they had been provided with relevant training. In interview the centre manager failed to recognise themselves as the named deputy DLP. They must be provided with DLP training in line with requirements under Children First National Guidelines for the Protection and Welfare of Children, 2017. Mandatory child protection training was up to date in addition to other relevant pieces of training. Relevant certificates were viewed in the centre's child protection and safeguarding folder with a sample of others submitted digitally. The inspectors recommend that management and staff avail of the recently introduced mandated person training available online. There has been no child protection and welfare report form submitted since the last ACIMS inspection in March 2022 and there was no evidence from information gathered over the inspection that indicated one was required.

There was evidence that staff worked in partnership with social workers and families where deemed appropriate to promote the safety and well-being of the young people. For one of the young people this had resulted with some difficulty as they had experienced a change in social worker over their five-month placement in the centre

to date and they were unhappy with initial access arrangements. In interview the centre manager and staff acknowledged there were concerns around access arrangements and the young persons ability to keep themselves safe in general and in the community yet a related action in their statutory care plan wasn't evidenced in keywork records. The keyworker acknowledged it was not an area that had been targeted. The social worker stated in interview that the young person required intensive support to keep themselves safe and that recommendations from an external specialist support who recently completed an assessment will guide staff in how best to respond to the young person in line with their needs and abilities. For the second young person the inspectors did observe keyworking being completed in areas of their key vulnerabilities. Additional resources were available to the keyworkers to support this work. In general keyworkers were implementing their roles and responsibilities professionally and were advocating well for the young people. Both young people stated they would speak to staff if they were feeling unsafe.

Bullying behaviour was not an issue at the time of the inspection. The centre manager advised the inspectors that resources were available onsite should it manifest itself. Individual safeguards were in place for young people for example individual crisis support plans (ICSP's), absence management plans (AMP's) and individual risk assessments when required. Inspectors observed the latter as being appropriate in staff responding to the young people's presenting needs and there was good oversight by the centre and regional management.

<b>Compliance with Regulation</b>	
<b>Regulation met /not met</b>	<b>Regulation 5 Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required:**

- The centre manager must satisfy themselves that the staff team have a good knowledge and understanding of the centres child protection, safeguarding,

and reporting policy, of how young people are kept safe and the protected disclosures policy.

- The centre manager as deputy DLP must secure relevant DLP training.
- The centre manager must strengthen their efforts in supporting young people to keep themselves safe and ensure related goals in care plans are followed through.

#### **Regulation 10: Health Care**

#### **Regulation 12: Provision of Food and Cooking Facilities**

### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.2 Each child is supported to meet any identified health and development needs.**

The centre's policy on general health, development, and well-being and medication management guided staff in meeting the health and developmental needs of the young people in their care. It was evident that the centre was committed to equipping the staff team with the skills to respond to any young persons identified needs. Staff had been provided with training in medication management, suicide awareness, anti-ligature and first aid. Centre management had completed first aid responder training with the programme being rolled out to the staff team at the time of the inspection. Given the occurrence of young people engaging in self-harming behaviours the inspectors recommend that training in self harm is considered by centre management. A record that alluded to a medical error was reviewed by the inspectors who found it was not an actual error in the administration of a medicine. The inspectors suggest that the medical error section of the policy is refreshed with the staff team.

Both young people were described by staff and social workers as being in general good physical health and were not taking any prescribed medication. For one of the young people who was nearing 18 years of age, and had a specific health need it was found that whilst staff were supporting them to engage with medical services the medical issue remained. The inspectors suggest that further medical and possibly psychological input is explored for both the centre and young person to further address the ongoing issue and to equip the young person with the skills to manage their health needs post living in the centre.

There were good efforts by the centre in securing general practitioners for both of the young people in a timely manner and supporting young people to attend various health appointments including eye tests. Individual health folders were being maintained and medical cards were viewed for both young people. Whilst immunisation records were on file for one young person, they were absent for the other. In interview their social worker stated they would send them on immediately to the centre. The centre manager was actively corresponding with the social worker around this. Records of covid vaccines for the young people were not viewed in the health folders. For a particular medical related incident that had occurred in the centre a specific health contact record was not available in the young person's folder. Rather, information was recorded in a notification of significant event record. To comply with the National Standards for Children's Residential Centres, HIQA 2018, care records must contain all medical and health information.

The inspectors found from interviews and review of care files there was a good awareness of concerns around young people's mental health. Appropriate individual risk assessments were being implemented consistently and appropriately by staff with good direction provided by the centre and regional manager. It was evident that staff were encouraging the health and well-being needs of the young people with goals contained in placement plans and everyday living routines for e.g., cooking, good personal care, and regular exercise. Keyworking was found to have been targeting health areas.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</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 under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 4.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required:**

- The centre manager must ensure that individual records are completed for all health-related matters and that young people's care records contain all health and medical records.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management must update the complaints form to ensure it correctly captures all information relating to all stages of the complaints process, including feedback following resolution and if complaints were upheld, not upheld, or withdrawn.</p> <p>The centre manager must update the young person's information booklet to contain some information on the complaints process and contact details for external support services.</p>	<p>The complaints form has been updated to reflect the changes suggested regarding the stages of the complaints, along with the feedback process. The young person will receive a copy of the complaint to sign with information from all stages included.</p> <p>The young person's information booklet has been reviewed updated and now contains information on the Tusla Tell Us complaints procedure, along with contact phone numbers and email address. Information and contact details are also included for the Office of Ombudsman for Children.</p>	<p>The complaints policy has been amended to reflect the changes suggested. The complaints training has also been updated to reflect the same. Staff teams will receive a refresher training with the changes highlighted.</p> <p>The updated young person's information booklet will be part of all admissions going forward and has replaced the previous version.</p>
3	The centre manager must satisfy themselves that the staff team have a good knowledge and understanding of the centres child protection,	Child protection, safeguarding and reporting protected disclosures (whistleblowing policy) was refreshed in the team meeting held on 22 <sup>nd</sup> March	The organisations supervision records include child protection, safeguarding & whistleblowing as a rolling agenda item, which will remain in place to ensure a



	<p>safeguarding, and reporting policy, of how young people are kept safe and the protected disclosures policy.</p> <p>The centre manager as deputy DLP must secure relevant DLP training.</p> <p>The centre manager must strengthen their efforts in supporting young people to keep themselves safe and ensure related goals in care plans are followed through.</p>	<p>2023. Mandated persons training has been completed by all staff members. These policies and procedures will also be discussed as part of individual supervisions in March 2023.</p> <p>DLP training has been arranged for all centre managers for 3<sup>rd</sup> April 2023.</p> <p>Both young person's placement plan goals have been reviewed to reflect individual work on safety going forward. Programme work on safety is included in the keyworking plans for all young people.</p>	<p>discussion takes place with all staff at a minimum every 6 weeks.</p> <p>This training will be refreshed as required.</p> <p>This will be reviewed on an ongoing basis through monthly keyworking planning meeting between centre manager, deputy manager and keyworkers for relevant young people. This will ensure placement plan goals correlate with care plan goals, and will be discussed in monthly supervisions, along with biweekly team meetings as required.</p>
4	<p>The centre manager must ensure that individual records are completed for all health-related matters and that young people's care records contain all health and medical records.</p>	<p>Young people's medical folders have been updated to include health contact records.</p>	<p>Adherence to the organisational admission checklist will ensure that all required records are received prior to admission and any issues with document are clearly identified at pre admission stage and appropriate steps can be taken to ensure completion prior to admission.</p>

			<p>Specific visit records for all health-related matters will be included in daily logs as a standalone record. A monthly overview of all health-related matters will be printed and filed in YP medical folder. This new addition to visit report specific to medical appointments will ensure there is no further reoccurrence.</p>
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