



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 146

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Three Young People
Type of Inspection:	Announced Themed Inspection
Date of inspection:	08th February 2023
Registration Status:	Registered from 01st March 2022 to 01st March 2025
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	16th 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 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 03rd December 2018. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 01st March 2022 to the 01st March 2025.

The centre was registered as a multi-occupancy service to accommodate three young people from age thirteen to seventeen on admission. 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 framework used within the centre was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. It aimed to provide the young person with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education, providing essential life skills to young people in preparation for adulthood and independent living. Staff interactions were relationship based and aimed at providing a consistent, structured environment where young people were offered opportunities to make decisions affecting their own lives. 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
2: Effective Care and Support	2.2

This inspection activity was conducted as a result of an escalation sent by the National Private Placement Team to ACIMS in relation to the management of behaviours of concern of one young person. The focus of this inspection was to determine whether appropriate actions and supports were in place to support staff in caring for this young person and their complex presentation.

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 5th May 2023 and to the relevant social work departments on the same date. 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 22nd May 2022. 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: 146 without attached conditions from the 1st March 2022 to 1st March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

At the time of inspection, inspectors found that there was an up to date care plan on file for the young person who was subject of this review. A child in care review meeting had been convened the week prior to inspection and the care plan was provided to the centre following this review. From the records reviewed, inspectors could ascertain that care planning had been occurring within the statutory timeframes for the duration of this young person's placement. The current care plan detailed the agreed actions and the progress of these from the previous review meeting and set out the plan for the upcoming six months. Given the young person was due to turn eighteen later this year, an additional review was scheduled for six months' time prior to the young person aging out of the care system. Within the care plan details in relation to the behaviour of concern for this young person were noted, and actions agreed for follow up to explore appropriate supports to address them. The young person also had a draft aftercare plan in place at the time of inspection.

There was an up-to-date placement plan on file for this young person which aligned to the care plan. Placement plans were updated on a monthly basis. There was a focus on four goals within the placement plan and the centre noted that these were the focus of the month and could change from month to month based on the young person's presenting needs. Actions identified within the care plan that were not highlighted as priority goals for the month within the placement plan were managed through daily planners.

Inspectors saw evidence of the young person being encouraged to participate in the development of the placement plan through key working sessions. While the young

person was not always open to this, the opportunity was provided to them on an on-going basis. The young person's allocated social worker was also consulted on the placement planning goals. This young person has had the same key worker since moving into the centre several years earlier, and while on inspection and through documents reviewed inspectors observed a positive relationship between the two. Given the complexities of this young person's need, the transfer of this relationship to a new key worker when the young person moves to an aftercare placement will need careful planning and consideration to ensure that the appropriate support is provided and this should be considered as part of a transition plan.

This young person was also involved in creating their daily and weekly plans and inspectors saw evidence of good engagement with the young person around this. This had been recommended within an assessment of need previously, and the centre was proactive in encouraging this participation. There was evidence to demonstrate that the young person's wishes for their daily plans were followed through and actioned. The young person also participated in young people's meeting on a weekly basis.

Inspectors saw evidence of the centre advocating for and supporting the young person attending and engaging with external supports as identified within their care plan. However, the young person has struggled to engage with these supports and at times has refused to engage at any level. This young person had complex behaviours, which included isolating themselves within the centre. The centre had implemented effective safety plans and interventions around this behaviour to ensure that the young person was safeguarded while engaging in these behaviours and while they weren't able to address this complex behaviour through their interventions they continued to attempt to engage the young person with their placement.

Inspectors saw evidence of numerous multidisciplinary assessments of this young person since their admission to the centre under the guidance of centre management, the social work department and CAMHS. However, at times the findings or recommendations from these assessments have been limited due to the young person's engagement. When the young person refused to engage, the centre manager engaged on their behalf to avail of the support, however these interventions were limited as a result. Given the lack of engagement from the young person, combined with the complexities of their needs there has not been an identified service to provide the clinical support required to ensure this young person's complex needs are met in an effective way. This has resulted in the centre having to implement strategies to address behaviours of concern with little external support or guidance.

Inspectors reviewed evidence of the centre manager having regularly advocated with the allocated social worker for input from external clinical supports however to date there had been no consistent service involved. In circumstances where these have been unavailable, the centre manager made a referral to their internal clinical support service. Initially when this professional took up their post the referral was not made due to the complexities of the young person's needs and it was deemed an unsuitable referral. However, in the absence of any other services, the centre has advocated for this support to ensure an informed approach to practice is occurring. At the time of inspection this work had only just commenced.

In the past, when the behaviours were not as complex, the centre had utilised their internal clinician to support and guide the staff in managing this young person's needs. There was no direct input with the young person. At the time of inspection this clinician had left the organisation 12 months earlier and there had been a period of time where there had been no clinical guidance to the team.

Inspectors spoke with the supervising social worker who advised that they were satisfied with the interventions being utilized by the centre to support this young person and confirmed that the centre advocated appropriately for the needs of this young person. The social worker confirmed that on-going consultation with the HSE was occurring in preparing for this young person turning eighteen and their future needs, however at the time of inspection no formal aftercare placement had been identified. The social worker advised that there were plans in place for intervention with external clinical services, some of these being privately funded, to support care planning for this young person. At the most recent child in care review it was agreed that regular strategy meetings will occur to ensure that on-going planning for this young person occurs and that actions agreed around their unmet needs will be progressed.

As such, at the time of inspection this young person remains in a situation where their clinical needs are unmet, they are approaching adulthood and there is no identified services to work with them now or into adulthood. There is also no identified aftercare placement in circumstances where it has been advised that they will require long term residential care.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	No all standards were assessed

Actions required:

- The centre manager must ensure that ongoing strategy meetings occur with the broader professional team to ensure that appropriate support is in place for this young person's complex needs.
- The regional manager must ensure that an effective transition plan is developed to support this young person transitioning to adult services when they reach the age of majority.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that ongoing strategy meetings occur to ensure that appropriate support is in place for this young person's complex needs.	Professionals meeting conducted with HSE disability managers on 11/05/23. Further meeting arranged for 06/06/23. Unit manager contacted relevant professionals on 17/05/23 to arrange meetings agreed at CICR in February 2023 to ensure appropriate support is in place to support young person. Proposed dates for meetings are 21/06/23, 19/07/23 & 23/08/23. A CICR is planned for 05/09/23.	Centre manager to ensure where any issues arise with proposed dates of strategy meetings, alternatives will be explored with external professionals to ensure meetings occur. If issues still arise matter to be escalated to Regional manager.
	The regional manager must ensure that an effective transition plan is developed to support this young person transitioning to adult services when they reach the age of majority.	Regional Manager will attend all meetings planned and will support the implementation of an effective transition plan to support the young person in transition from the centre.	Regional manager will endeavour to ensure that an adequate transition plan from the centre will be in place prior to the young person's discharge from the centre.