



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Two Young People
Type of Inspection:	Announced
Date of inspection:	16th, 17th July 2024
Registration Status:	Registered with an attached condition from 05th October 2021 to 05th October 2024
Inspection Team:	Linda Mc Guinness Joanne Cogley
Date Report Issued:	26th August 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service (ACIMS) 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 three of the cycle. The centre was registered with an attached condition from the 5th October 2021 to 5th October 2024.

The centre was registered to provide dual occupancy care to 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 care framework at the time of inspection was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work relating to trauma and a focus on family relationships. The organisation was moving to a different trauma informed model of care and the team was scheduled for training in the coming months. There was an emphasis on understanding the young person's behaviour and helping them to learn alternative coping skills and set life goals. There was one young person living in the centre at the time of the inspection. As they were outside the age range for the centre's purpose and function a derogation was approved by the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
4: Health, Wellbeing and Development	4.2
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 person, 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 26th July 2024. 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 centre manager returned the report with a CAPA on the 12th August 2024. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The centre had experienced significant staffing difficulties since the last inspection in August 2023. As a result, there was an attached condition to the centre's registration under Part VIII, Article 61, (6) (a) (I) of the Child Care Act 1991.

The findings of this report and the assessment of the submitted CAPA demonstrate adherence with the assessed regulations and standards. However, given that the centre is not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing, it is the decision of the Child and Family Agency to register this centre, ID Number: 109 with attached conditions from the 05th October 2021 to 05th October 2024 pursuant to Part VIII, 1991 Child Care Act. That condition being:

There will be no more admissions to the centre until such time as:

1. Staffing has been increased to comply with the minimum levels required.
2. The team are suitably qualified and experienced to meet the needs of the young people.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 17: Records

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The centre had policies relating to children's rights and visitors to the centre which included contacts with families and friends. There was evidence that the care team supported children to maintain positive attachments and links with their family. There was an up-to-date care plan and placement plan on file for the child living in the centre. Permitted contacts with family members and significant others was set out in these documents. Whilst there were some limitations on in-person visits with family members, the supervising social worker and the appointed Guardian ad Litem were satisfied that the centre manager and care team worked hard to ensure that the child maintained positive links with all significant people in their life. There was a plan in place to address identified issues, repair relationships and re-establish regular contact at the earliest opportunity. The centre and social work department were committed to providing any necessary resources to ensure this could happen. The child was involved in all discussions about family visits. They were living a considerable distance away from their family/community of origin. When planning for in-person family contact, measures were put in place to support the child to manage long car journeys.

Despite significant staffing difficulties, the organisation also provided adequate resources to facilitate all family contact. There was evidence that sibling contact was supported, and that family and friends could visit the child in the centre if they wished. The care team were keenly aware of the potential for family issues to impact on the child's wellbeing and there was evidence that proactive and supportive discussions took place with them through individual work and keyworking. All records outlining family contact were maintained on the child's care file.

At the time of the inspection, the child was thoroughly embedded in the local community and involved in structured local activities such as team sports, scouting, and summer camps amongst others. The care team encouraged all their interests and hobbies and created many opportunities to engage in them. Inspectors saw evidence that birthdays and special occasions were marked, celebrated and recorded on the child's care file. The house was decorated with photos of young people and the care team and engaging in joint activities, holidays and celebrations.

When the child expressed sensitivities around the care team's presence at their school they were listened to and consulted. An agreed plan was implemented in place to manage this situation and the child was happy with this. EPIC (Empowering People in Care) the national advocacy service for young people in care had visited the centre to meet with this child and others who lived there until recently.

The child was too young to have their own mobile phone and access to the internet, but they told inspectors that they could contact family members when they wished. They had access to monitored gaming and age-appropriate TV streaming services.

Inspectors found that improvements were required in respect of communication with family members and adherence to policy. Two issues of dissatisfaction were brought to the attention of management and the team from a family member. The first related to the use of restraint. While there was evidence that a follow up piece took place with the family member to inform and explain centre policies, staff training and highlight safety measures, there was no evidence that this was managed through the organisation's complaints policy and procedure. There was evidence that Theme 1 of the National Standards for residential centres was reviewed by the regional manager in February 2024 however this issue was not highlighted. Future audits should include a review of any expressions of dissatisfaction from family members.

A second concern related to the provision of regular updates that were agreed at the outset of placement. These were initially in place but were reduced in frequency and a parent brought this to the attention of the social work department. Additionally, they were not invited by the social work department to attend one of the statutory child-in-care reviews. Inspectors found that prior to inspection, measures were put in place to address and resolve these issues, but it was not recorded and managed through the complaints process and in line with centre policy.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 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 1.5
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that there is evidence that complaints or issues of dissatisfaction by family members, about the service they provide, are managed through the relevant policies and procedures.

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.

There was an up-to-date care plan on file dated 25/06/24 and monthly Child in care reviews (CICR) took place in line with the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive. The child's health needs were set out in detail on this document.

There was evidence of efforts in place to support them with a healthy lifestyle. They were involved with the organisation's outdoor learning programme, several sports clubs and a programme of daily activities arranged by the care team.

Notwithstanding this, inspectors found that the placement plans required strengthening to ensure that plans relating to diet, and nutrition were implemented and monitored more effectively. The child was referred to appropriate supports in this regard and attended the G.P. regularly however their daily diet included large quantities of sugar. Both the supervising social worker and the appointed guardian ad

litem were complimentary of the proactive efforts of the team to engage them in sports and activities but stated they felt diet was an area that the centre could do better with.

The child had an assessment of their health upon admission to the centre and attended a local general practitioner (GP) for all health-related needs. There were G.P. approved permissions in place for the administration of over-the-counter medications should the child present with minor illnesses or injury. There was a delay in excess of twelve months in securing vaccination records from the social work department however they were provided for the care file just prior to this inspection.

The child was facilitated to attend dental and ophthalmic services as required. An assessment of their need for specialist services took place as part of the overall care planning process. Inspectors found that the child had been attending a specialist occupational therapy service but that this was interrupted as the therapist did not receive payment by Tusla in a timely manner and they were no longer available. Review of records showed that the management and care team advocated strongly for this to be addressed and that they made a referral to EPIC relating to the issue. The social worker informed inspectors that a referral for a full assessment and intervention with another service was underway at the time of inspection. The child had also recently commenced a therapeutic service for a different need, and this was progressing well. The organisation's behavioural support analyst was also involved in planning process and guided the team at meetings and through behaviour support plans how best to meet the child's needs.

A medicine management policy was in place. The care team attended training in medication management as part of the induction process. One inspector attended a handover meeting where oversight of medication was discussed and reviewed. A review of records evidenced that a system was in place to audit administration of medication through daily and weekly logs and ensure adherence to policy and procedure. Inspectors found that any identified deficits such as a lack of vaccination records or signatures on documents were addressed promptly. Medication was securely locked away in line with policy.

An audit of theme 4 of National Standards for Children's Residential Centres, 2018 (HIQA) was completed in May 2023. Whilst this audit examined practice in relation to medication management, education and referral for specialist service it did not assess the diet and nutrition aspect of health and the outcomes of interventions by

the team to meet the care plan goals. Inspectors recommend that the daily logs are reviewed to ensure effective oversight and planning of this particular area of need.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
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 4.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that there is oversight of placement planning. The identified needs set out in the care plan relating to diet and nutrition must be implemented as a matter of priority.

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.

There were clear lines of authority and accountability within the organisation and care team members interviewed were familiar with the external management structure. At the time of inspection, the centre was not yet fully staffed. The centre manager was appropriately qualified and sufficiently experienced to undertake their role and had just returned from a period of extended leave at the time of inspection. The team consisted of the social care manager, an acting centre manager who was due to move to another centre, the deputy social care manager, two social care leaders (SCL), and four people covering three social care worker (SCW) whole-time equivalent posts. One social care worker was unqualified to hold the post. Measures were in place to recruit a full team so conditions on registration could be removed.

Five new staff had accepted positions were being vetted and on-boarded. It must be noted that only one of these proposed new care workers has previous experience. When these positions are filled there will be a core team of 10 wholetime equivalent SCL and SCW posts and four of these will be filled by care staff with more than two years' childcare experience. There was a signed contract in place for each staff member.

Not all care team members interviewed during inspection were clear on their roles and responsibilities particularly in relation to placement planning and keyworking. The inspectors found that inexperienced team members were not yet confident in their practice and that there was a need to review consistency within the team in respect of some aspects of placement planning. The management team completed many of core tasks and team members were not yet fully accountable for their assigned responsibilities. The centre had been through a period of crisis and the acting centre manager and deputy were doing many of the placement planning tasks themselves and circulating to the keyworkers and staff team. While this may have been expedient, it did not facilitate staff awareness of the core functions and development in their role particularly in respect of keyworking.

There was evidence of induction on each staff members personal file and during this they received training and reviewed written policies and procedures. Updated or newly developed policies were also discussed at team meetings and review of key policies took place on a rotational basis.

Inspectors reviewed samples of supervision records since October 2023 and found that significant improvements were required to evidence that all staff were adequately supported to deliver safe and effective care. The supervisors were trained to deliver supervision. There was a lack of evidence that roles and responsibilities were reviewed with staff in supervision. There was a lack of consistency in the supervisor/supervisee relationship with frequent changes of supervisor from session to session. While the timeframes and frequency of supervision was in line with organisational policy it was not fulfilling the all the functions of management, development, support and mediation. Supervisees would benefit from training in how best to utilise the process. They often did not contribute to the agenda and where they did, appropriate follow up action was not identified. Review of the supervision records did not evidence the direction or guidance provided to staff where issues were discussed. For example, on occasion difficulties arose in the relationship between some care staff and the child on occasion however, there was a lack evidence of

exploration of the contributory factors or guidance/direction offered to those team members in supervision.

Additionally, training and development plans were set out on a standard template and were not specific to each staff members based on issues highlighted through probation, supervision, or appraisals. There was a lack of consistency across supervision records.

A theme 6 audit against the National Standards for Children's Residential Centres, 2018, HIQA took place in February 2024. This audit did highlight deficits in relation to knowledge of roles and responsibilities and accountability for work. Deficits in supervision were not explicitly highlighted and the identified actions from this audit had not resulted in improved practice by the time of this inspection.

The inspectors observed warm and caring relationships between the centre manager, care team present and the child in placement. However, due to high staff turnover, inspectors found that the child had not experienced a consistent, experienced team who were cohesive in their approach. When the centre was seriously understaffed, team meetings took place monthly rather than fortnightly in line with centre policy. There were limited discussions around approaches to care and placement planning on the supervision records. A significant number of staff members were new to residential care and quite inexperienced. Robust consistent supervision, regular team meetings, individualised training and development plans, are all required to ensure that the care team have the abilities and support to undertake their role and fulfil the requirements of the service.

Inspectors found that on at least 36 occasions from January 2024 that staff members worked double sleepover shifts remaining in the centre for 48 hours. There was a lack of evidence that this was explored in terms of being a possible contributory factor when difficult staff/child relationships arose. Additionally, this trend was not explored as part of an overarching review for organisational learning following a serious incident. Inspectors recommend that a review takes place to consider staffing, recruitment and retention, impact on the care team, record keeping and adherence to organisational policy. There was evidence however, from review of records despite challenges with high turnover of staff and having to work over and above their allocated hours often completing double shifts, that the present team remained committed to providing care for this child often in stressful situations.

High staff turnover meant that care team members often had to work further compounding the impact of the work. Debriefing took place following difficult incidents or intense shifts. The regional manager had a regular presence in the centre and was available to the manager and team. There was an employee assistance programme available to the care team and those interviewed were aware how to access this support to minimise any negative impact of the work. The acting manager and regional manager also provided informal supports when difficulties arose.

It was notable that there was a high level of sick leave in the centre since the start of 2024. While return-to-work interviews took place following sick leave, inspectors could not determine if an analysis took place to assess if there were trends, patterns or contributory factors. While 10 staff left the service since 31/08/23 only one exit interview was completed. The service had explored the reasons behind this and altered the method for completing these interviews. This did not result in an improvement and must remain under review.

The social worker and guardian ad litem were of the view the child had developed positive and trusting relationships with some team members but struggled with others. They felt that high turnover of staff had negatively impacted the child who had experienced the loss of some key people. They accepted that it had been a difficult period but that it was imperative that a stable consistent team be in place as a matter of urgency.

There was evidence on the staff files that staff undertook a probation reviews, and a formal appraisal of their performance once their probation period was over. These documents were not always signed by both parties and did not always result in an action plan. Inspectors could not see a correlation between these processes and individualised training and development plans.

There was a training programme in place to ensure staff completed all their mandatory training. On occasion, additional training was provided to address specific needs for example, guidance from the behaviour management analyst. Significant event review group meetings took place following serious incidents or physical intervention and this provided some evidence of a culture of learning. Feedback from these meetings was provided to the care team in handover meetings and team meetings. Learning from inspections across the organisation was also discussed in team and management meetings.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all the care team fully understand their roles and responsibilities particularly in relation to placement planning and keyworking.
- The registered provider must ensure that there is evidence of robust consistent supervision, to facilitate the delivery of safe and effective care.
- The registered provider must ensure that individualised training and development plans are in place and that they are linked to supervision, probation and appraisal processes.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that there is evidence that complaints or issues of dissatisfaction by family members, about the service they provide, are managed through the relevant policies and procedures.	<p>This will be practiced going forward through relevant policies and procedures, both internal and external to the organisation.</p> <p>The specific complaint by the family member was logged and complaint closed.</p> <p>Learnings from this complaint were shared with the staff team during recent team meeting 08/08/2024.</p>	<p>Centre used this as a shared learning piece in team meeting, completed on 26/07/2024, and further refreshed in team meeting on 08/08/2024.</p> <p>Organisation to use this as a shared learning piece in management meetings</p> <p>Centre management monthly service governance review will pay particular attention to complaints, and this will be reviewed with regional manager.</p>
4	The centre manager must ensure that there is oversight of placement planning. The identified needs set out in the care plan relating to diet and nutrition must be implemented as a matter of priority.	<p>Changes have been implemented into daily practice around diet in the centre the following day of inspection feedback, 17/07/2024</p> <p>Diet to remain on placement plan – with unit manager oversight on same, this is to</p>	<p>Training will be completed where there are any changes to keyworkers. Team meetings will focus on the placement plan goals for the young person and actions required so all staff are aware of the young person's goals outside of the keyworker.</p>

		be reinforced by daily practice in house.	Diet/Food content reviews to be completed by regional manager during governance visits Positive rewards are not to be food based for young person
6	<p>The centre manager must ensure that all the care team fully understand their roles and responsibilities particularly in relation to placement planning and keyworking.</p> <p>The registered provider must ensure that there is evidence of robust consistent supervision, to facilitate the delivery of safe and effective care.</p>	<p>Team meeting scheduled for 22/08/24 will focus on team roles and responsibilities, incorporating their job spec, with specific focus on key working and placement planning.</p> <p>Keyworkers will be refreshed as per Training needs in key working and placement planning and reviewed in supervision by 31/08/2024.</p> <p>Training and Development Plans have now been updated since 17/07/2024 and are specific to the staff member and their current professional needs and development.</p>	<p>Quality meeting completed by Regional Manager and Unit Manager on the 26/07/24, with a plan for completion going forward. Regional Manager will be tracking this monthly in KPIs</p> <p>Refresh in supervision training scheduled for unit manager and deputy manager in September 2024</p> <p>Unit Manager and Regional Manager will continuously monitor supervisions for quality purposes, these will be tracked in</p>

	<p>The registered provider must ensure that individualised training and development plans are in place and that they are linked to supervision, probation and appraisal processes.</p>	<p>Training and Development Plans will form part of the supervisions, probations and appraisals of each staff member.</p>	<p>service governance logs.</p> <p>All training and development plans will be live documents which are part of each supervision with each staff member</p>
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