



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 113**

**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>Two young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup>, 14<sup>th</sup> &amp; 15<sup>th</sup> of September 2023</b>
<b>Registration Status:</b>	<b>Registered from 11<sup>th</sup> January 2022 to 11<sup>th</sup> January 2025</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Cora Kelly</b>
<b>Date Report Issued:</b>	<b>26<sup>th</sup> October 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 11<sup>th</sup> of January 2016. 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 11<sup>th</sup> January 2022 to 11<sup>th</sup> January 2025.

The centre was registered as a dual occupancy service to accommodate young people from age thirteen to seventeen on admission. The organisation was continuing the process of moving to a new model of care. There had been delays experienced in commencing and rolling out the training as part of this development and it was anticipated that the new model of care was some years away from full implementation. The delivery of care in the centre at the time of this inspection was informed by a positive behaviour support approach and the therapeutic crisis intervention approach to managing behaviours. There was one young person living in the centre at the time of the inspection. An agreement had been made between the social work department and the centre that the placement would remain at single occupancy for a period of at least twelve weeks.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Effective Care and Support	2.1
4: Health, Wellbeing and Development	4.3
5: Leadership, Governance and Management	5.2
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 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 28<sup>th</sup> of September 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 12<sup>th</sup> of October 2023. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 113, without attached conditions from the 11<sup>th</sup> of January 2022 to the 11<sup>th</sup> of January 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 17: Records

#### Theme 2: Effective Care and Support

#### Standard 2.1 Each child's identified needs informs their placement in the residential centre.

There was a detailed policy on admissions of young people to the centre. This policy had a particular focus on the rights and wishes of young people during their admission to the centre. The acting centre manager informed inspectors that the aim was to implement as well-planned and smooth a transition as possible for each young person with any necessary accommodations to the process being undertaken to support the young person in their wishes. Inspectors found evidence on file and through interviews that a well-planned transition process had taken place for the current resident. This included a detailed pre-admission risk assessment for the young person that determined the suitability of their placement in this centre and how the presenting risks might be managed/responded to. The young person and their social worker were central to the discussion at admission stage and there was evidence that there had been comprehensive discussion on the expectations of the placement from all parties involved.

The young person had been provided with opportunities to visit the centre and meet key staff prior to moving in. They were also afforded the opportunity to choose their bedroom as the sole occupant of the house at the time of admission and could decorate their bedroom as they wished. The young person chose not to meet with inspectors whilst they were onsite but did complete a questionnaire provided as part of the inspection process. They gave some feedback in this on their experience of the centre and placement thus far, some of which was appropriately relayed to centre management and the allocated social worker.

The centre's statement of purpose (SOP) clearly outlined the aims and objectives of this centre and how they intended to meet the needs of young people admitted there in accordance with this SOP. There were clear arrangements outlined for the centre staff team to work in partnership with the social worker, including regular formal planning and review meetings, to ensure the aims of the placement were realised. The current SOP refers to the model of care being implemented at the centre and

inspectors recommend that this be reviewed as it stated that a model was in place which was not in fact accurate as the implementation of this model is part of a three-year programme of training and implementation which had only recently commenced.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 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>Standard 2.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were assessed</b>

#### **Action Required**

None identified.

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

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

#### **Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

The centre's statement of purpose briefly outlined the links that the staff team had established with schools and other educational facilities as well as the local Educational Welfare Officer (EWO) in the area. The current young person had a limited educational history and there were some records of recent educational achievements on file. Education had been identified as an aspect of care planning that was to be prioritised within their placement at this centre. This was accounted for in the updated statutory care plan which had been shared with the centre following the recent statutory child in care review. Additionally, the centre's placement plan which had been developed taking account of the care plan, identified clear interventions to achieve the educational goals.

The young person had been in placement six weeks at the time of this inspection. Inspectors found one recorded key work piece relating to education and through

interviews with staff and management, there were several references to online courses being encouraged and funded for the young person. Inspectors were also told that the young person was reluctant yet to engage in these courses being offered. Inspectors recommend that the management and staff team continue to prioritise their attention to the educational needs and identified goals of this young person. This should include continuing to encourage and support their engagement with their allocated aftercare worker as they will assist them in setting expectations in accordance with their age and stage in their care journey. The staff team should continue to liaise with the EWO in the continued pursuit of education and training opportunities available to the young person.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all areas under this standard were addressed
Practices did not meet the required standard	Not all areas under this standard were addressed

### Action Required

None identified.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 6: Person in Charge**

### Theme 5: Leadership, Governance and Management

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

There were clear governance structures in place which enabled the lines of authority and accountability to be clearly structured within the centre including the roles and responsibilities of staff. These structures and mechanisms included monthly governance reports by manager to regional manager; regular formal staff

supervision; internal management meetings; senior management meetings; oversight by the regional manager through governance visits; audits of practice in the centre against the national standards by the company auditor; and oversight of records by the acting centre manager and deputy manager. Inspectors recommend that centre management undertake more critical reviews of records including daily records and individual key working to ensure that where necessary, direction is provided to staff in the delivery of their practice. Inspectors also noted from their review of supervision records sampled that some of these records were difficult to read and understand and the language used could more accurately reflect the discussion held. Whilst the manager was fully informed about all aspects of the operation of the centre, some such aspects may be missed by virtue of the manager's remote working arrangement. Inspectors did not find any critical examination across the governance mechanism records of the manager not being onsite at the centre on a fulltime basis and any possible impact of same. This arrangement should have been formally reviewed at periodical intervals to ascertain whether it fitted the needs of this service.

The centre had a service level agreement (SLA) in place and updates on progress was provided at regular intervals, in an agreed format to Tusla. Inspectors were provided with conflicting information from the three parties involved in the placement of this young person regarding the staffing levels expected to be in place for an initial agreed period of placement. Inspectors have asked that centre management liaise with the social work department and the Tusla national private placement team (NPPT) to ensure that all are clear on expectations and what is being/will be provided.

There was a comprehensive suite of operational policies and procedures in place across the organisation. These were subject to formal review every two years as an entire document with the most current review underway and nearing completion at the time of this inspection. In addition, individual policies were reviewed and amended at times outside of this two-yearly review on inspection feedback or prompted by changes to practice across centres. There was evidence that policies were occasionally brought to team meetings for discussion as were inspection findings.

There was evidence of delegated duties across all records and interviews that inspectors conducted as part of this inspection. This was coupled with a strong expectation by the acting centre manager of accountability. Specific duties were assigned to identified staff members at social care worker, social care leader and deputy manager levels and the implementation of these delegated tasks was overseen

at daily handover and through formal supervision. The deputy manager was the designated person to cover if the acting manager had a period of extended leave.

The organisation had a comprehensive document that clearly outlined the approach to risk management. Risk management was separated into three distinct components - corporate, service, and individual. Inspectors found good attention and detail afforded to individual risk presented in the centre, with a comprehensive pre-admission risk assessment having been undertaken involving relevant parties and the young person themselves. As the placement had progressed, although still in its infancy, individual risk assessments had been developed, implemented and were subject to review. In addition, placements were informed and supported using behaviour support plans, crisis support plans and absence management plans as required. Inspectors found that the staff team understood risk in the context of presenting behaviours of young people based on their experience of working with other young people in this centre. There was a centre risk register in place which was dated January 2023. This was described to inspectors as a live document that was discussed as part of daily shift handover. However, inspectors found that this document was generic and required attention to ensure that it was reflective of the expectation of centre policy in identifying and responding to centre-relevant risks and the management of same. It also did not include the managers' remote working arrangements which must be included.

The internal management structure at the time of this inspection was appropriate to the size and purpose and function of the centre. There was a deputy manager and one social care leader (SCL) supporting the work of the acting centre manager. Interviews had been convened the week of this inspection to fill a further SCL post and a staff member was identified as being successful subject to the completion of their two years post-qualification employment. Another SCL who had been on long-term leave from the centre was imminently due to return to their post. However, the acting manager was due to move on from their post in the weeks following the inspection with the deputy manager identified as the new person in charge. The regional manager with responsibility for this centre informed inspectors that a recruitment campaign would be undertaken in due course to fill the deputy manager vacancy. Centre management must ensure that when filling future vacancies at internal management level, they ensure there is adequate experience and competency base. It would be beneficial to the recruitment process also to be inclusive of parties external to this centre where possible as permitted for by the recruitment policy.

There was evidence of leadership being demonstrated by the acting centre manager who was identified as the named person in charge and had been fulfilling the role since November 2022. Their leadership was evidenced in team meeting records, formal supervision and in email communications to the staff team. They provided direction and clearly communicated their expectations of accountability to the staff team. It had never been intended by senior management for this person to remain in the post on a long-term basis however the organisation experienced significant challenges in recruiting an alternative, suitably qualified person for the role. The acting manager had agreed a remote working arrangement with senior management and, on average, worked at the centre less than half of their allocated working hours. There was no way of tracking the presence of the acting manager at the centre as no records were maintained by staff, the manager themselves or senior management in documents at the centre. It was clearly communicated to inspectors that the manager was available to the staff team when working remotely either via telephone, email, or video call. However, staff did not know from one shift to the next when or if the manager would be working at the centre. The allocated social worker for the current resident was not aware of this working arrangement and this should have been clearly communicated to them. While there is no stated requirement regarding this matter, it would be inspectors' expectation that a full-time manager would work most of their hours at their dedicated centre. Therefore, this arrangement was not satisfactory to inspectors who asked for immediate action to be taken in communicating this arrangement to vested parties including the social work department responsible for the young person in placement, as well as the NPPT. In addition, inspectors directed that immediate recording of the acting managers' work location commence, and that the remote working arrangement be reflected in the Statement of Purpose (SOP) for this centre. This matter was addressed by management whilst the inspection was ongoing. The arrangement should also be reflected in the centre risk register. In addition, the SOP should be reviewed to accurately reflect the model of care in use at the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all areas under this standard were assessed

### **Actions required**

- The centre manager must review the current centre risk register to ensure it is accurate, up to date, compliant with organisational policy, and reflective of live risks at the centre, including the managers remote working arrangement.
- Senior management to ensure that all vested parties are made aware of the acting managers' remote working arrangement.
- Senior management to review the centres' statement of purpose and in doing so ensure that it accurately reflects the operation of this service.

### **Regulation 6: Person in Charge Regulation 7: Staffing**

### **Theme 6: Responsive Workforce**

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

There was evidence that staff understood their individual roles and responsibilities aligned to their staff grade and in addition to any specific assigned role/duties. Inspectors noted a significant emphasis across records and in interviews of delegated responsibilities for each individual staff member including social care workers, social care leaders and the deputy manager. The acting centre manager placed a strong emphasis on accountability for individual staff in the delivery of their tasks. It was possible that this emphasis on completing delegated tasks may be reduced if the centre manager was located more frequently at the centre enabling them to oversee



the delivery of duties in the moment. Inspectors noted from a sample of supervision records that at least one staff member expressed their view that there was too much delegated responsibilities/tasks assigned, and inspectors would concur with this based on their findings from this inspection.

There was evidence that staff were encouraged to exercise their professional judgement daily with a shift coordinator assigned and the manager available, generally by telephone or email, for consultation. There was consistent oversight of these records by the deputy manager or manager, but some records reviewed by inspectors had not and should have been queried by management regarding the appropriateness of documented language in engaging with the young person. It is important that where such individual professional judgement and practice is permitted, that the oversight of this is appropriately robust.

The team-based approach to the work in the centre was evident in shift planning at hand over and team meeting discussion. Recording of team meetings had been identified as an area of improvement in an internal company audit conducted in 2023 and inspectors recommend that further attention to these is given, for example consistently noting managers' attendance in minutes. Actions identified were often minimal, despite lengthy discussion on various agenda items. There was some evidence of learning and development, for example a guidance piece on key working delivered to team; ACTS therapeutic team coming to provide guidance on working with the current young person. However, whilst inspectors acknowledge the early stage of this young person's placement, there was no evidence of continuous learning from practice reflected in the minutes of team meetings. This is an area that could be improved upon to support team development. Inspectors noted a keenness to develop staff but some of this may be premature, for example offering a staff member a more senior post in advance of their completing the required length of experience and a more measured approach should be taken which would include caveats in a situation such as this.

There was a supervision policy in place and inspectors found that, for the most part, practice was in accordance with this including a focus on the young person in placement and the individuals' professional development. Formal supervision was taking place in accordance with the timeframes outlined in the policy in most cases, although there were some recorded sessions that exceeded these. Inspectors noted that, in the samples reviewed, actions were generally identified though it was not always clear that these were followed through to the next recorded session. Some further attention to these records is required – they were not consistently signed by



both parties as required by policy. The author/supervisor should also be mindful of the language used in these records to ensure it is accurate and without unnecessary negative connotations. There was a strong expectation documented within these records on staff to fulfil what could be interpreted as management responsibilities. This sat alongside, in some instances, professional and personal improvement plans. Centre management must review the current system of delegated tasks and only assign those to staff that are already meeting with expectations of their identified role.

The regional and acting centre managers informed inspectors that formal annual appraisals were commencing and due to be completed. There were no records for inspectors to review but those persons responsible for conducting appraisals had been provided with relevant training. Centre management should ensure that all staff are provided with relevant information on this process as some staff were unfamiliar with the concept of an appraisal.

There were a range of supports available to staff including paid protective leave, debriefs, formal Employee Assistance Programme (EAP), and wellness days. There were detailed risk assessments in place to protect staff and minimise the risk to their safety where necessary. There were also supportive professional improvement plans being instigated for identified staff. Centre management must give due attention to the implementation of these alongside assigning extensive delegated responsibilities and reduce these accordingly.

Inspectors requested records of staff exit interviews and these were limited mainly because of staff leaving employment following a period of sick leave and/or with short notice. Despite the high turnover of staff in this centre, centre management had little documentary evidence to learn from. Efforts to pursue exit staff interviews may provide valuable learnings to be acted upon at an organisational level.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</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 areas under this standard were addressed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were addressed</b>

### **Actions required**

- Senior management must satisfy themselves that where tasks are delegated to individual staff, due consideration is given to responsibilities of the role and competencies of the individual.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified.		
4	None identified.		
5	<p>The centre manager must review the current centre risk register to ensure it is accurate, up to date, compliant with organisational policy, and reflective of live risks at the centre, including the managers remote working arrangement.</p> <p>Senior management to ensure that all vested parties are made aware of the acting managers' remote working arrangement.</p> <p>Senior management to review the centres' statement of purpose and in doing so ensure that it accurately</p>	<p>The centre risk register was reviewed during the inspection process to note management working from home arrangement, and to review the live risks for the centre.</p> <p>All parties are now aware of element that was in place for ASCM and have also been informed of the change of management that has occurred since the time of inspection.</p> <p>The statement of purpose has been reviewed to ensure it accurately reflects the operation of this service, noting that</p>	<p>Change of Management has occurred and working from home arrangement is no longer in place. Risk Register will be reviewed on a monthly basis as part of the Service Governance Report to ensure it remains reflective of the centre.</p> <p>Should a working from home arrangement be required at any point in the future in this centre, this risk will be noted on the risk register and relevant parties informed.</p> <p>The centre statement of purpose will be reviewed monthly by centre management as part of the service governance report to</p>

	reflects the operation of this service.	only elements of the model of care are in place while the training plan for the Sanctuary Model is implemented. The sanctuary model has been planned for roll out later this year with Unit Managers and Deputy Managers being trained in October 2023 and staff teams in the early part of 2024.	ensure it remains accurate. The Regional Manager reviews and closes the report on a monthly basis.
<b>6</b>	Senior management must satisfy themselves that where tasks are delegated to individual staff, due consideration is given to responsibilities of the role and competencies of the individual.	The delegation of tasks in the centre will be reviewed in October 2023 to give due consideration to the responsibilities of the role and the competencies of the individual. Training will be provided in relation to these roles and responsibilities to ensure that individual staff are equipped to carry out assigned tasks.	Delegation of tasks will be reviewed on a monthly basis as part of the service governance report in the centre and noted in supervision with individual staff team as part of training and development.