



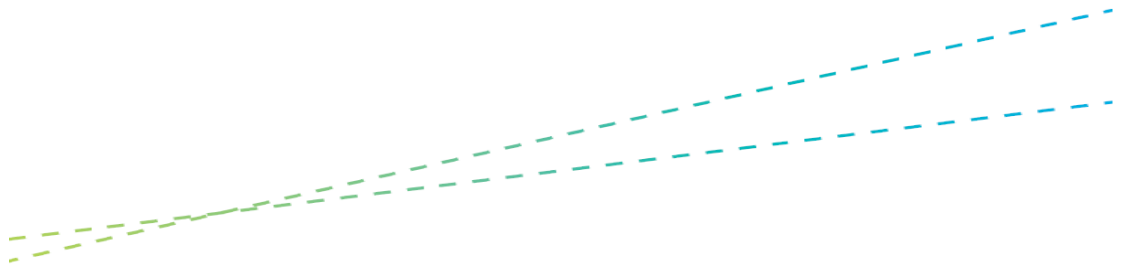
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 044**

**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>Four Young People</b>
<b>Type of Inspection:</b>	<b>Announced themed inspection</b>
<b>Date of inspection:</b>	<b>23<sup>rd</sup> January 2023</b>
<b>Registration Status:</b>	<b>Registered from the 08<sup>th</sup> June 2021 to 08<sup>th</sup> June 2024</b>
<b>Inspection Team:</b>	<b>Ciara Nangle Janice Ryan</b>
<b>Date Report Issued:</b>	<b>17<sup>th</sup> April 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 in June 2015. 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 08<sup>th</sup> June 2021 to the 08<sup>th</sup> June 2024. This centre was last inspected in January 2022.

The centre was registered as a multi occupancy service. It was registered to accommodate four young people of all genders from age thirteen to seventeen on admission. At the time of inspection, the centre had one young person resident. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2
6: Responsive Workforce	6.1

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 high-level risk-taking behaviours by one young person in the centre. The focus of this inspection was to determine whether appropriate risk assessments, safety plans and actions were being implemented to support staff in managing or mitigating the serious risks involved with the continuous missing in care and high-risk behaviour of one young person in the community.

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 1st March 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. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. While this inspection found that the centre did not meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing, evidence was subsequently submitted by the service to show that they were now in compliance.

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: 044 without attached conditions from the 8<sup>th</sup> June 2021 to 8<sup>th</sup> June 2024 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 16: Notification of Significant Events

#### Theme 3: Safe Care and Support

#### Standard 3.2 Each child experiences care and support that promotes positive behaviour.

At the time of inspection, the centre had policies and procedures in place for the positive management of behaviour that challenges which were evidence based and promoted the best interest of the young person. From a review of the training register, all staff within the centre had completed training in the centre's model of care. It was evident in the documentation reviewed that this policy was being utilised in the approach the care team were taking with the young person, and records were recorded in a way which identified which aspect of the approach was being implemented. The staff team had also been trained in a recognised framework of behaviour management and associated behavioural management plans were aligned to this framework.

Staff and management demonstrated in interview a clear understanding of the young person's behaviours that challenged. They could discuss in interviews the approaches that had been effective in working with this young person, and those that were ineffective. They had received some additional trainings in relation to this young person's vulnerabilities. They had a practical approach to their work which was informed by their behaviour management policy. Records reviewed demonstrated that they were engaging with the young person at their level and meeting their needs where they were at, which at this time was the basic levels of safe care and support.

The centre had access to a behavioural support unit, through which a positive behavioural support plan had been drawn up a number of months earlier and had been shared with the staff team. The recommendations from this had been implemented at the time. However, the centre manager identified that the crisis that the young person was currently presenting in meant that they had to work at a level of basic care provision to ensure their safety and a number of the recommendations could not be implemented.

Inspectors reviewed a number of support plans including Individual Absent Management Plans, Placement Plans, Behavioural Support Plans and Individual

Crisis Support Plans and within these the risks to this young person were clearly recorded. There were very clearly set out steps for the care team to take should a risk present and from the documents reviewed inspectors could ascertain that the team were proactive in implementing these. These documents were signed off by staff and reviewed at team meetings. They were also discussed as part of the daily hand over to assess the level of risk. Plans were then put in place to mitigate this risk, and this was clearly communicated between the staff team as it changed on regular basis. Plans were also shared with relevant professionals and discussed at professional meetings to ensure all agreed with the measures in place to safeguard this young person.

Within daily logs, the team identified what aspect of the Behavioural Support Plan they were working under and linked this to the young person's placement plan and goals.

Key working was completed to help the young person develop an understanding of the behaviours of concern. At times the young person refused to engage however from the documentation reviewed inspectors noted that regular unplanned opportunity led work was completed with this young person. Life Space Interviews following significant events were also completed to support the young person developing an awareness of their risks.

Restrictive practices were in place in the centre; for example alarms on bedroom doors, and sharp knives being locked away. The alarming of doors was categorised as restrictive however the centre had not implemented an individual risk assessment around this practice. Improvement is required in this regard. Inspectors found that these practices were proportionate to the risk presenting for the young person.

Inspectors saw evidence of care provision related restrictions such as stopping attendance at education, restricting access to certain areas in the locality. These were reviewed regularly with the broader professionals' team in line with the organisational policy. The centre advocated for testing of these restrictions in circumstances where the young person could still be kept safe.

When it became apparent that these restrictions would be required on an on-going basis the centre highlighted that the placement could not be sustained in the long term. The centre manager advised this would not be sustainable within a mainstream residential centre given their purpose and function and thus had escalated to all professionals for a more suitable placement to be made available. When a determination had been made that the centre was not a suitable long term placement

for this young person given their current presenting risk, the centre continued to implement and adjust safety plans to keep this young person while they awaited the follow-on placement.

The evidence reviewed demonstrated that the staff made all efforts to keep the young person updated when appropriate on decisions made around their care and the restrictions put in place to safeguard them. Within these records inspectors saw evidence of the staff linking behaviours of concern to consequences e.g. time being restricted within school due to risk of absconding and provided the young person with feedback following meetings when these restrictions were reviewed.

Inspectors found that the centre had implemented appropriate safety measures and restrictive practices required to safeguard this young person to the best of their ability.

The supervising social worker advised that they were satisfied with the care being provided to this young person in placement. The social worker advised that the team were working to the best of their ability to safeguard the young person and they were notified without delay of any significant events or issues of concern.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</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 were reviewed as part of this inspection</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards were reviewed as part of this inspection</b>

### **Actions required**

- The centre manager must ensure that individualised risk assessments are in place for all restrictive practices in place within the centre.

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

## **Regulation 7: Staffing**

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

#### **Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

At the time of inspection there was one young person resident in the centre with double cover plus a live night. At times the live night shift wasn't always available and as such the staff were required to split the live night to implement the safety plan that was in place.

Inspectors saw evidence of work force planning for the centre contained within the monthly reports prepared by the centre manager. However, within these reports the centre manager recorded that staffing levels were in line requirements and as such no action around this was recorded or generated.

Reporting on workforce planning did not highlight the difficulties with filling the live night on the roster or that the deputy manager was completing shifts within the service.

At the time of inspection, the centre was operating with seven social care staff, two relief and a deputy manager and centre manager. The centre manager advised that they had a new worker completing recruitment clearances with the expectation that they would be offered a contract once the process was successfully concluded. The centre also had one staff member on extended leave due to return in the coming months. However, at the time of inspection the centre was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.

There was an on-call policy in place, which included a rota for the management on call. The policy specified the circumstances in which on-call should be contacted. Inspectors saw evidence of on-call being utilised during significant events and within these records there was clear recording of the direction received from on-call. At the time of the inspection the centre was effectively implementing the on call policy.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards were reviewed as part of this inspection</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards were reviewed as part of this inspection</b>
<b>Practices did not meet the required standard</b>	<b>6.1</b>

**Actions required:**

- The centre manager must ensure that they have sufficient staffing levels to comply with Child Care (Standards in Children's residential Centres) Regulations 1996, Part III, Article 7: Staffing.
- The centre manager must ensure that deficits in staffing levels and the covering of live nights is captured within the monthly governance reports to ensure appropriate action is taken.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that individualised risk assessments are in place for all restrictive practices in place within the centre.	Restrictive Practice is now included in the individual risk assessments for the young person.	Any restrictive practices in place will be completed as part of young people's individual risk assessments. These are reviewed monthly or more frequently where required.
6	The centre manager must ensure that they have sufficient staffing levels to comply with Child Care (Standards in Children's residential Centres) Regulations 1996, Part III, Article 7: Staffing.	<p>A further contracted staff member has been secured for the centre since the time of inspection and commenced employment. This has brought the centre to a WTE of 8 contracted staff members.</p> <p>Ongoing recruitment continues to bring the centre to 10 WTE.</p> <p>The centre continues with one young person in situ. Discharge is pending for this young people and once completed 1</p>	<p>Ongoing recruitment for the centre remains in place with weekly interviews scheduled.</p> <p>No further admissions will take place until the required staffing is in place.</p> <p>Where there is a requirement for live nights on an ongoing basis an alternative roster will be implemented to include live night as part of the roster for contracted team members.</p>

	<p>The centre manager must ensure that deficits in staffing levels and the covering of live nights is captured within the monthly governance reports to ensure appropriate action is taken.</p>	<p>new admission is planned.</p> <p>There will be no further admissions to the centre until 10 WTE's are in place.</p> <p>An alternative roster has been implemented to include live nights as part of the rostered hours for contracted staff based on the issues noted with obtaining specific live night shifts.</p> <p>Any deficits that arise from unplanned leaves will be noted clearly in the month governance report and contingency plans highlighted.</p>	
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