



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 134

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Odyssey Care Services
Registered Capacity:	Four young people
Type of Inspection:	CAPA Review
Date of inspection:	8th January 2025
Registration Status:	Registered from the 22nd of January 2024 to the 22nd of January 2027
Inspection Team:	Joanne Cogley
Date Report Issued:	18th February 2025

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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 a corrective actions and preventative actions (CAPA) review 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 January 2018. At the time of this CAPA review the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 22nd of January 2024 to the 22nd of January 2027.

The purpose and function of the centre was amended in 2023 to a multi-occupancy bespoke service to accommodate a family grouping from age six to seventeen on admission. The centre's model of care was based on the well tree model of care. At the time of inspection there were three children residing in the centre.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 8th, 9th & 10th January 2024. The inspector completed a desktop review of documentation submitted by the centre manager. An interview was conducted with the centre manager. In addition, the inspector tried to determine what the centre knows about how well it is performing, how well it is doing and how the CAPA has influenced changes in practice.

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 17th January 2025. The findings of the CAPA review were used to inform the registration decision.

The findings of this CAPA review have determined the centre to have substantially implemented the required actions and therefore 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: 134 without attached conditions from the 22nd January 2024 to the 22nd January 2027 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Issue Requiring Action:

- The registered provider must ensure that all allegations against staff are managed and recorded appropriately in accordance with centre policy and Children's First guidance.
- The centre manager must ensure that when submitting a joint report on the Tusla portal that the Child and Welfare Report Form includes the name of the staff member who received the child protection concern in accordance with Children's First reporting procedures.

Corrective Actions:

- The centre manager will ensure communication with the social work department is made in a timely manner in relation to all allegations against staff. On 27/02/2024 a review of Child Protection Policy will take place in the team meeting. Training in relation to disclosures of abuse will take place at the team meeting. The regional manager will ensure oversight and review all CPWRF documentation and ensure the reporting and management of the concern is in line with the centres Child Protection and Safeguarding Policy in line with Children's First Guidance. This will be reviewed in the Child Protection Audit, scheduled for March 2024 and takes place quarterly.
- The centre manager will ensure that the correct mechanisms for the joint reporting are used. This will be reviewed with the team at the team meeting on 27/02/2024. The regional manager will ensure that the correct mechanisms for the joint reporting are used through auditing all documentation as part of quarterly Child Protection Audits and through the Monthly Service Governance Reports.

Review Findings:

The inspector reviewed documentation and found that the allegations made against staff members prior to the previous inspection had all been concluded by the social work department and adequate steps had been taken in relation to conclusions. Whilst no subsequent allegations had been made since January 2024, a number of complaints had been made which related to staff members. The inspector reviewed the complaint records and found that they had been managed appropriately through the centre's complaint procedure and none submitted constituted a child protection or safeguarding concern. It was noted in the previous inspection the high level of staff turnover and the children also highlighted this directly with the inspectors at the time. It was evident from this CAPA review that turnover continued to be an issue. A new management team was in situ and only three staff members remained since the last inspection with eleven people leaving the centre in the last twelve months. It was noted in the managers comments in response to one complaint that the young person can "struggle with newer adults". The inspector noted that no review had been conducted by senior management that examined the pattern of complaints and allegations against staff members nor the impact the turnover was having on the young people.

The inspector reviewed a sample of team meeting minutes following the last inspection and found that in February 2024, child protection was reviewed in the context of the inspection findings. There was evidence this was discussed with the team and they were made aware of their roles and responsibilities under Children First. The organisations child protection policy and procedure were reviewed. There was also evidence that the process of joint reporting was discussed and outlined to staff to ensure they were aware of the importance of same. This meeting was attended by the organisation's trainer.

In April 2024, the child safeguarding statement was discussed at a team meeting and all staff made aware of the associated safeguarding risks and control measures. In July 2024 staff reviewed open child protection and welfare reports along with associated safety plans. Again, the protocol for joint reporting was discussed at this meeting. In December 2024 staff discussed the responsibilities of being a mandated person, professionalism and boundaries and the steps to take for managing a disclosure.

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

Issue Requiring Action:

- The registered provider must ensure that there is a clear time frame for the implementation of the centres new model of care.
- The centre manager must ensure that the children's ICSPs are reviewed to specify the physical interventions that are permitted and identify contra-indicators to physical restraint where relevant.
- The centre manager must ensure that all restrictive practices are reviewed in the centre and recorded appropriately.

Corrective Actions:

- An organisational decision has been made to cease progress with the current model of care. An alternative model of care has been identified and is currently at service level agreement stage. The staff team remain informed on the progress around the new model of care. The centre manager will ensure that there is open communication and robust training, and development plans are put in place for the team. This will be communicated to ACIMS by the C.E.O. once the plan is finalised. This is anticipated to be March 2024
- The indication of physical restraint has been added to the ICSP where relevant. This was reviewed in the team meeting on 27/1/24. The Individual Crisis Support Plan (ICSP) is reviewed monthly by the centre manager. This will also be reviewed by the regional manager through external auditing.
- A restrictive practice risk assessment has been updated on 16/2/24 to include the highlighted areas. Restrictive practices are reviewed in the monthly Service Governance Report by centre management. All professionals review restrictive practice in monthly child in care reviews.

Review Findings:

The organisation adopted the Well Tree model as their new model of care following the last inspection with an anticipated implementation of March 2024 identified in the CAPA response. Inspectors interviewed the centre manager and reviewed a number of meeting minutes and found that the implementation of the new model of care had begun but was yet to be rolled out to all staff members. An external consultant was contracted to provide services to roll out the model of care. They coordinated a number of training days both with the organisations managers and

with the teams in each centre. Three training days had occurred within the centre in May, August and November 2024 however attendance at same was poor with ten absences noted in total over the three training days. No staff member on the team has been fully trained and attended all three training days. Three staff members have not attended any training days, four staff members attended one training day and four staff members attended two training days. Two manager's training day were held in October 2024 and December 2024 which reviewed progress of implementation to date and identified actions for 2025. These were attended by the centre manager for the centre. There was no plan presented to the inspector to ensure all staff would be fully trained within a clear timeframe.

The centre had implemented the model of care specific placement plans for each young person since November 2024. Each young person was still working from their first Well Tree placement plan at the time of inspection so progress through placement plans had not been reviewed.

The inspector reviewed the individual crisis support plan for each young person and found it clearly outlined they type of physical intervention that was permitted and prohibited. The plans also included clear direction that had been provided by external professionals such as general practitioners and occupational therapists in relation to the carrying out of physical interventions.

A number of restrictive practices remained in place at the time of the CAPA review. The inspector reviewed risk assessments and email communication with the social work department and found that all restrictive practice had been adequately and regularly reviewed and where possible reduced. The practice of locking doors as identified in the previous inspection remained in place due to the request of the young people so as to feel safer at nighttime. This had now been adequately risk assessed and shared with the social worker for all young people.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 3.1
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed