



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 015

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	28th & 29th April 2025
Registration Status:	Registered from the 09th September 2022 to the 09th September 2025
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	24th June 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 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 2010. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 09th September 2022 to the 09th September 2025.

The centre was registered to provide multiple occupancy care for four young people between the ages of thirteen and seventeen upon admission. At the time of the inspection the centre were in the process of moving from a relationship model of care to a trauma informed model. Some training had taken place for the team and further training was scheduled for 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 were four young people living in the centre at the time of inspection. Two of these young people were placed outside of the centre's statement of purpose and function and derogations had been 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	1.2
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 22nd May 2025. 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 5th June 2025. 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: 015 without attached conditions from the 09th September 2022 to the 09th September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.2 Each child's dignity and privacy is respected and promoted.

Inspectors met with all young people during the course of the inspection. It was evident from interactions within the centre that the young people had built positive relationships with the staff team, felt comfortable and secure in their presence and respectful conversations were occurring. Each young person had their own bedroom which inspectors saw and they were decorated to the child's liking and preferences. They had adequate space within this to store personal belongings and bedroom privacy was respected by all young people. The centre had a games room and a sitting room which young people could spend time in. There was also space for them to meet with their allocated social workers when they visited the centre and social workers confirmed the team made efforts to ensure plans were in place for privacy during meetings with their allocated young people.

Each young person had appropriate access arrangements in place that were supported and facilitated by the staff team. Inspectors spoke with one young person's parent who was satisfied with access arrangements and commended the centre manager on communication with them. One young person also engaged in several play dates with a local friend. The eldest had an age-appropriate free time arrangement in place which allowed them to spend time alone should they wish to do so.

Limits to privacy were in place for the purposes of safeguarding. Whilst these were appropriately recorded as restrictive practices and reviewed as same, they were not documented in the young persons placement plan or care plan and should be included in same.

A detailed key working session was completed with each young person upon admission in relation to their right to access information. It was evident young people had been offered the opportunity to review their files and daily logs where appropriate. There was no evidence to show young people had been informed during

this process of who their personal information would be shared with and the reasons for the information being shared.

Each young person had a scrap book that included photos and memories from their time in the centre. This was collated over time between the young people and the staff and would be presented to them upon leaving the centre.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 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 1.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure any limits placed on privacy are documented in placement plans.
- The centre manager must ensure each young person is informed about who their personal information is shared with and the reasons for the information being shared are clearly explained.

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
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.

Inspectors spoke with all young people who confirmed they felt safe in their placement. Young people stated they were comfortable with the staff team, they felt listened to and were satisfied with the responses to any concerns they raised. Inspectors spoke with one parent who was also of the opinion their child was safe in the placement. All allocated social workers confirmed they had no safeguarding concerns relating to the placements.

There were several policies in place to support safeguarding and child protection and those interviewed had knowledge of these policies. There was a child safeguarding statement in place that had been approved by the child safeguarding statement compliance unit and those interviewed were aware of the risks and control measures outlined in same. Whilst there were a number of policies in place to support the management of allegations and those interviewed demonstrated clear knowledge and understanding of same, in practice the process was not being followed. Inspectors noted in four recent instances, the mandated person did not fulfil their duties following the correct reporting procedure, instead the child protection and welfare reporting forms (CPWRFS) were reported by centre management or individuals who were not involved or had not received the disclosure as opposed to the person who received the disclosure. The centre manager must ensure staff members are following correct reporting procedures for reporting child protection concerns.

Inspectors found that a significant amount of CPWRFS remained open from 2024 for one young person. The centre manager had made several attempts to contact the social work department for update. Whilst there was an escalation policy in place, and the regional manager had followed up on same, this had not been escalated in an appropriate timeframe. Inspectors spoke with the newly allocated team leader who informed them they had followed up on all open CPWRFs. They stated that all bar one could be regarded as closed and they intended to inform the centre of this in writing.

Inspectors reviewed the personnel files of four staff members who had begun employment in 2024 / 2025. Of the personnel files presented to inspectors on the day, one was well maintained and up to date however the other three, which had emulated from an international recruitment drive, were poor. There was no formal interview structure, no record of those who conducted interviews, nor signatures and no scoring mechanisms. In one instance interview notes noted the candidate could not answer a question or the answer was left blank, these related to child protection questions. In two of these files there were no references on file and in one a reference had not been verbally verified. This was in contravention to the organisations policy on recruitment.

Young persons meetings occurred on a weekly basis and were a good forum for discussions relating to bullying, house rules and general issues within the house dynamics. The centre manager had good oversight of these meetings and on occasion attended them. Young people who spoke with inspectors had no concerns in relation to bullying within the centre or school and this was confirmed by allocated social workers.

One young person who was in placement for four months at the time of inspection was struggling to settle in. There had been a significant amount of significant event notifications (SENs) including allegations made against staff members. To safeguard both the young person and staff team, staffing ratios were increased to 2:1 in March 2025. The young person was struggling with this change however it was evident the frequency and intensity of incidents had reduced following this increase. The centre had carried out several SEN reviews following incidents of concerns and learnings had been identified following these. The allocated social worker informed inspectors that the centre manager was continuously reviewing the approaches being utilised in the centre and communicated with them where learnings were identified or changes needed to be made. Inspectors reviewed the young person's individual crisis support plan (ICSP) and noted that these learnings had not translated into planning documents. From a review of previous ICSPs it was evident the only change to the document was a date change. The record did not evidence the learnings and changes to practice that were identified in reviews and did not reflect the reality of some scenarios. Post inspection the centre manager sent inspectors an updated ICSP which reflected the recent learnings and day to day reality of the young persons behaviours. Inspectors also reviewed risk assessments relating to young people's behaviour and found the risk categorisation to be subjective with some risks minimised below what would be considered high risk. The centre manager should

review the categorisation of risk and ensure it reflects the reality of the behaviour being displayed.

One young person who was in placement over a year had access to a mobile phone without any restrictions despite their young age. This was in contradiction to the pre-admission risk assessment set out at the beginning of placement. There were significant safeguarding concerns that related directly to the use of the mobile phone and as aforementioned these CPWRFs remained open at the time of inspection. Parental apps had been installed on the phone however the young person managed to bypass this. As a result, a weekly physical check of the phone occurred. These safeguarding measures were ineffective in finding concerns as the reported CPWRFs had come through another source and not the centre. From a review of records, it was also noted and evident that the level of phone usage was impacting on the young persons daily routine and attendance at education and their phone usage, along with current safeguarding measures, should be reviewed as a matter of priority. Inspectors spoke with the allocated team leader who noted that a professionals meeting was scheduled to discuss phone usage and they had also requested the organisations behaviour support department to review the current situation and offer guidance on plans. Inspectors wrote to the centre manager requesting a timeframe on this being completed and were informed that a behaviour support plan directly related to the use of the mobile phone would be implemented no later than June 2025.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 7 Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure staff members are following correct reporting procedures for reporting child protection concerns in accordance with Children First guidelines.

- The regional manager and organisations recruitment department must ensure safe recruitment practices are always followed and personnel files contain all relevant information in line with the organisations own recruitment policies.

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.

At the time of inspection, care plans were not up to date on file for any of the young people despite requests from the centre manager for same from allocated social workers. The centre did maintain their own minutes of child in care reviews (CICR) which the inspectors saw and assessed in line with the placement plans on file. The centre had recently implemented a new model of care and the framework was a significant focus throughout the placement plan. As such it appeared the placement plan goals being derived from the care plan goals was lost and health goals identified in the care plan were not evident in the placement plans. From review of several CICR minutes there were several areas identified for young people as goals however these did not translate into placement planning and as a result there were little to no discussion in key working around these areas. This included road safety, personal safety, monitoring of screen time, showering and exercises for a medical condition.

Each young person had an allocated general practitioner (GP) and had all undergone check-ups. All young people also attended dental and optical check-ups. In some instances, young people had been placed on a waiting list for public dental care. The waiting list letters indicated the young person may turn 18 prior to any treatment occurring (72 month wait) and the centre manager should continue to liaise with the social work department about sourcing private treatment. The allocated social worker indicated to inspectors they would source funding for private treatment once the wait time exceeded 12 months.

The centre maintained a medical folder for each young person. These were kept in good order and contained all relevant medical information. In one instance a young person had missed the school vaccination programme in 2023 and there was no evidence of follow up occurring. The centre manager confirmed with inspectors' post

inspection they had followed up and an appointment for the vaccine had been arranged.

Inspectors noted the age range of children in the centre together with presenting issues and noted that no form of age-appropriate sex education had been completed with any of the young people. Post inspection the centre manager confirmed they had arranged for the organisations psychologist to complete sex education training with the team within the coming weeks so the team would be knowledgeable in providing information to the young people. All social workers agreed with this plan. The centre was also caring for a young person who required specialist support in relation to their identity. Whilst they had attended some local groups, no specialist training had been provided to the team in relation to same. The centre manager confirmed post inspection that they had contacted a specialist organisation to secure training for the team. Inspectors noted in two cases, self-harm was a behaviour of concern, none of the team had up to date training in self-harm or suicide awareness and consideration had not been given to providing this training at the time of inspection. Post inspection the centre manager confirmed the team were undergoing training with a view to all being training in managing self-harm.

Whilst swift action was taken by the centre manager following verbal feedback on the final day of inspection, it is important the regional manager and centre manager remain proactive in identifying and actioning training and education for the staff and young people.

Inspectors reviewed training certificates for 14 staff members. Of the 14, four had first aid responder training. Of the remaining 10 staff, none had any form of basic first aid training therefore the centre manager could not ensure that at least one person on shift daily was first aid trained.

A medication management policy was in place and all staff were trained in the safe administration of medication. Records of administration were up to date and where errors had occurred, they were recorded, reported and reviewed.

Compliance with Regulation	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional manager and centre manager must ensure placement plans are aligned to the goals of the care plan for all young people.
- The centre manager and regional manager must ensure all staff members are trained in first aid.

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 any limits placed on privacy are documented in placement plans.	<p>Centre Manager has completed a full review of young person's Placement Plans and updated these with any restrictive practice risk applicable to the young person, for example to include any parental applications for phones in use.</p> <p>Since the inspection any restrictive practices in place are currently discussed within the child in care reviews for the relevant young person.</p> <p>Restrictive Practices are reviewed monthly with the relevant Social Work Department. This happens through sharing all risk assessment associated to restrictive practice.</p>	<p>Centre Manager and Regional Manager will ensure that restrictive practice is included in each young person's Placement Plans. This will include any restrictive practice currently used or any new restrictive practices implemented.</p> <p>Placement plans, along with restrictive practice risks will continue to be shared with SWDs and Guardian ad litem monthly for review.</p> <p>Restrictive Practice will continue to be documented within the monthly Service Governance reports and reviewed by the Centre Manager and Regional Manager. In addition, the use of any Restrictive Practice will be discussed within the young person's CICR to ensure this practice is reflected in their Care Plan.</p>

	<p>The centre manager must ensure each young person is informed about who their personal information is shared with and the reasons for the information being shared are clearly explained.</p>	<p>A young person's meeting took place on the 29/05/2025 and a discussion was held with the young people around who can access their information and the rationale for this.</p> <p>The Young person's meeting agenda has been updated to reflect further detail on this topic; who the team include when discussing this topic with the young people.</p>	<p>Centre manager will continue to review the young person's meeting agenda and ensure the topic is discussed regularly. Ensuring that the relevant information is discussed within this forum.</p> <p>In addition, the centre manager will ensure this topic is included in key-working sessions regularly.</p> <p>Regional Manager and the Quality auditor will provide additional oversight during the competing of the service audits etc.</p> <p>Prior to future inspections, a young person's meeting, along with a detailed key working session will be held to inform the young people on who is visiting the house and the purpose of the inspection.</p>
3	<p>The centre manager must ensure staff members are following correct reporting procedures for reporting child protection concerns in accordance with Children First guidelines.</p>	<p>A team meeting was held on the 14/05/2025, within this a discussion took place on the role of the mandated persons, correct reporting procedures, including the use of on call and completion of the correct</p>	<p>Centre Manager and Regional Manager will ensure that any further child protection concerns will be recorded and reported by the mandated person, and including the centre manager where a joint</p>

		<p>reports.</p> <p>Following on from the team meeting, the role of mandated persons was discussed in handover from the 24/05/2025 for a period of seven days to ensure that the team were fully aware of their own responsibility as a mandated person.</p> <p>Centre Manager has confirmed that all staff members have the correct log ins to access the TUSLA portal.</p> <p>On the 03/06/2025, Odyssey Social Care Training Manager requested for the team complete the TUSLA Mandated persons training again as a refresher, links for this training were provided to the team. Centre Manager will ensure the full team have completed this over the coming week.</p>	<p>report is needed.</p> <p>Service Audits completed by the company's internal auditor as well as Quarterly Regional Manager Child Protection Audits will review submissions to ensure reporting is taking place in line with children's first reporting guidelines.</p> <p>Role of Mandated person and child protection reporting will continue to be reviewed at team meetings as part of the rolling agenda.</p>
	The regional manager and organisations recruitment department must ensure safe recruitment practices	The staff files mentioned within the report have been updated to include any documents not in place during the	The Regional Manager and recruitment department, along with the executive team will endeavour to ensure there is an

	are always followed and personnel files contain all relevant information in line with the organisations own recruitment policies.	<p>inspection process.</p> <p>A new talent and acquisition manager has been appointed to support the recruitment department. This person will have oversight on the quality of recruitment processes and staffing files</p> <p>The recruitment process has been streamlined for all future candidates. This will mean all international candidates will complete the same interview process as domestic staff.</p>	<p>improvement in recruitment process including having all documents on file i.e. references, CVs prior the candidate starting.</p> <p>Where there are gaps in these the relevant risk assessments will be completed.</p>
4	The regional manager and centre manager must ensure placement plans are aligned to the goals of the care plan for all young people.	<p>A review of Placement Plans for the organisation has taken place following the Inspection.</p> <p>A new section specifically designed to highlight and include Care Plan goals will be added to the document.</p> <p>Centre Manager has completed a review of Placement Plans to ensure they are in line</p>	<p>As per policy the Centre Manager along with the Deputy Manager will formulate the Placement Plans, ensuring Placement Plans are reflective of Care Plans.</p> <p>The Quality Auditor and Regional Manager will have additional oversight into Placement Plans during regular service quality audits.</p>

	<p>The centre manager and regional manager must ensure all staff members are trained in first aid.</p>	<p>with the Care Plans.</p> <p>Since the inspection two additional staff members have been trained in First Aid Responder training.</p> <p>Centre Manager has completed a review of the rota to ensure that there is at least one staff member on every day that is FAR trained.</p>	<p>Placement Plans will be sent to the relevant professionals monthly to ensure all are satisfied that Placement plans are in line with Care Plans</p> <p>Odyssey Social Care are in the process of rolling out first aid training to all staff members.</p> <p>A training review will be completed monthly to ensure any gaps in training are captured and actions taken to resolve this immediately.</p> <p>Regional Manager and Centre Manager will have further oversight within Service Governance report as to what training is need for individual staff.</p> <p>Internal Quality Auditor will complete service audits and staff training needs will be included to ensure another layer of oversight.</p>
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