



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: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</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 Inspection</b>
<b>Date of inspection:</b>	<b>15<sup>th</sup> &amp; 16<sup>th</sup> September 2025</b>
<b>Registration Status:</b>	<b>Registered from 8<sup>th</sup> June 2024 to 8<sup>th</sup> June 2027</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>24/11/2025</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 fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 08<sup>th</sup> June 2024 to the 08<sup>th</sup> June 2027.

The centre was registered as a bespoke multi-occupancy centre to provide medium to long term care for four siblings aged between 2 to 13 years old on admission. At the time of inspection, the organisation was in the process of transitioning to a new trauma informed approach model of care. The delivery of care in the centre was informed by this model, alongside a positive behaviour support framework and a recognised approach to behaviour management. There was an emphasis on understanding the young people's behaviour and helping them to learn alternative coping skills and set life goals. At the time of inspection, there were four siblings living in the centre.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
6: Responsive Workforce	6.4
7: Use of Resources	7.1

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 relevant social work department on the 15<sup>th</sup> October 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 regional manager returned the report with a CAPA on the 29<sup>th</sup> October 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: 044 without attached conditions from the 08<sup>th</sup> June 2024 to the 08<sup>th</sup> June 2027 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 9: Access Arrangements

#### Theme 1: Child-centred Care and Support

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

The inspectors found that management and care staff interviewed demonstrated a keen awareness of the importance of family contact. The inspectors reviewed the care plans and placement plans on file and were satisfied that identity and family relationships were considered a priority and family access arrangements were clearly set out. The children had weekly access with their parents which was supported by the social work department and the care team. There were also phone contact arrangements in place for them to maintain regular contact with their parents and extended family members. The children's parents were also contacted once a week by the centre manager to provide them with an update on their progress and to make arrangements to facilitate family visits and transport arrangements. Where possible parents were provided with opportunities to have a positive input into their care and the care team went to great efforts to ensure parents involvement. The centre maintained a record of all family contact and the outcome of this contact was recorded on the children's care records.

The children's social worker told inspectors that the team worked very hard on the rights of children to access their family and to involve them in the community. All of the children told inspectors that they were involved in a range of activities including the GAA, swimming, dancing, and ballet. There was evidence that birthdays and special occasions were celebrated with parties and gifts, and the children were consulted about how they wished to celebrate. The children's parents where possible were in attendance and involved in the planning of all special events involving their children. There were numerous photos displayed throughout the centre of festivities, celebrations and days out. The children had friends visit the house and had visited other children's homes for playdates.

The inspectors found that the children had access to a landline telephone, television, reading material and the internet as appropriate.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 9</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified

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

**Theme 6: Responsive Workforce**

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

There was evidence to show that the service was committed to providing appropriate training and development opportunities to the care team relevant to their role in line with the requirements of legislation, standards and guidelines, and the needs of the children. Training for staff was planned and co-ordinated centrally by the organisation and there was a training calendar in place. Inspectors were satisfied from interviews and a review of training records that all staff had received their mandatory training with the exception of a number of staff who required refresher training which was scheduled. In interview staff stated that attendance at training was encouraged and they were notified when refresher training was due. Ongoing training was being provided to the team in the centres model of care from an external consultant which staff reported was beneficial in their work with the children. An in-service psychologist had also provided training programmes to meet the needs of the children currently in placement. Staff informed inspectors that in addition to the mandatory training they had access to an on-line training portal to facilitate access to various supplementary training courses and resources.

The inspectors were satisfied that the organisation undertook regular training needs analysis to determine the needs of the staff. The centre manager and regional manager had oversight of training needs. Training needs were recorded in the managers governance reports and there was a database in place to record and track all staff training. Inspectors reviewed a sample of team meetings and staff supervision records and found that training needs were discussed and reviewed in these fora.

The centre had a formal induction process. All staff received induction training on commencement of employment followed by a centre specific induction. Staff interviewed confirmed they had engaged in both a formal and structured induction process and this was evident on the personnel files reviewed by the inspectors.

Staff members training records were maintained centrally by the organisations training department and copies of training certificates were made available to inspectors for review for the inspection.

<b>Compliance with Regulations</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>Standard 6.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified

## Regulation 7: Staffing

### Theme 7: Use of Resources

#### Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

There were systems in place within the organisation for the planning and allocation of resources to meet the needs of the children in accordance with the centre's statement of purpose. Inspectors were satisfied from a review of documentation and interviews with management, staff and the children's social worker that there were adequate resources available to meet the needs of the children. There was evidence from a review of staff rosters that the centre was adequately staffed and the organisation had an ongoing recruitment campaign in place to recruit additional full time and relief staff. At the time of inspection, the centre manager was due to move to a more senior post in the organisation. In the interim the centre was being managed by an experienced deputy manager while the centre were in the process of recruiting a new manager.

The centre had access to clinical support within the organisation who provided training to the staff team. Children were linked in with external therapeutic services and agencies as required. The allocated social worker reported that the centre also had established good relationships with local schools and specialist support services to assist them in addressing any additional needs identified in the children's care and placement plans and all of the children were thriving.

The centre manager was accountable to senior management for ensuring that they were aware of the resources required to meet the needs of the children. The centre manager was also responsible for ensuring that the budget was adhered to and ensuring appropriate financial records were maintained including oversight of the centres petty cash system. The centre manager and regional manager both stated that they had sufficient resources to operate the centre. Staff members interviewed were satisfied that within the centre there was sufficient funding available to meet the day-to-day needs of the children in regard to food, recreational activities and resources, pocket money, activity money etc. The managers service governance reports and team meeting records also showed that in cases where extra resources were requested to support the care of the children that these requests were approved by senior management.

Funding was available for the upkeep and improvement of the centre. The inspectors noted from a review of records that maintenance issues that arose were generally responded to in a prompt manner. The centre manager outlined a number of works and improvements that had been carried out in the centre in the year prior to inspection. Inspectors found that the house was nicely decorated and furnished and there were suitable equipment and resources available to meet the needs of the children. Outside the premises the gardens were well maintained with adequate play facilities for the children. However, there were a number of issues that required attention. The fence bordering the property and the door to the boiler house were in need of repair or replacement, both of which were actions identified in the last inspection in April 2024. In addition, there was a fence surrounding the septic tank which needed to be secured and the house would benefit from repainting.

The allocated social worker who visited the centre monthly, told inspectors that the centre was well maintained and homely. The also confirmed that they were satisfied that all resources necessary to support the children’s care plans were made available including supporting and facilitating family contact and transporting children on access visits.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>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>N/A</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 7.1</b>
<b>Practices did not meet the required standard</b>	<b>N/A</b>

### **Actions required**

- The registered provider must ensure that all works in relation to the exterior of the premises including the repair/replacement of the boundary fence, boiler house and septic tank are addressed without delay.

## 4. CAPA

<b>Theme</b>	<b>Issue Requiring Action</b>	<b>Corrective Action with Time Scales</b>	<b>Preventive Strategies To Ensure Issues Do Not Arise Again</b>
7	The registered provider must ensure that all works in relation to the exterior of the premises including the repair/replacement of the boundary fence, boiler house and septic tank are addressed without delay.	The registered provider will ensure the works to the named areas are completed by the end of November 2025.	The highlighted areas will be included and monitored in weekly maintenance reports going forward in the home.