



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 048

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	9th & 10th June 2025
Registration Status:	Registered from the 16th July 2023 to the 16th July 2026
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	12th August 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 Assurance 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 two of the cycle. The centre was registered without attached conditions from 16th July 2023 to 16th July 2026.

The centre was registered as a multi-occupancy centre to provide medium to long term care for three young people aged between 13-17 years 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 person's behaviour and helping them to learn alternative coping skills and set life goals. At the time of inspection there were three young people in residence.

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	3.3
6: Responsive Workforce	6.4

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 28th of July 2025. There were no identified shortfalls during the inspection, therefore there was no requirement for centre management to submit a completed CAPA. The findings of this report 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: 048 without attached conditions from the 16th July 2023 to the 16th July 2026 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.

The centre had a policy on young people's rights which included the requirement for care staff to uphold and promote the privacy and dignity of all young people. Inspectors were satisfied from interviews with young people, the care team and social workers that the privacy and dignity of each young person was respected in the centre. This was also evident in the review of care records and the questionnaires completed by the three young people. Inspectors found evidence that all young people were provided with a young person's information booklet on admission which included information on their right to be treated with respect, dignity and kindness. Throughout the days of the inspection the inspectors observed positive engagement of the young people with the care team.

Each young person had their own bedroom and there was adequate space within the centre for individual privacy. The young people had facilities to store their personal belongings safely in their rooms and also had the option of having them stored securely in the staff office. Inspectors were satisfied that the centre management had appropriately addressed any concerns raised by the young people regarding their personal belongings and privacy.

Young people were afforded the opportunity to spend time by themselves when deemed appropriate, this was facilitated through free time and also within the house itself. Inspectors found that any limits on privacy were subject to a risk assessment and subject to regular review. There was also space for them to meet with their allocated social workers when they visited the centre and social workers confirmed that centre management made efforts to ensure plans were in place for privacy during meetings with the young people.

The young people were aware that staff member's kept records about them and two young people who spoke with the inspectors confirmed they were aware they could read their daily logs. There was evidence the young people were offered their daily

logs to read every month and the right to information had also been discussed at young person's meetings.

All of the young people were encouraged to keep mementos to take with them when they leave care. At the time of inspection, one young person had their sporting memorabilia on display in the communal area of the house. Another young person had a memory box to store photos and memories of their childhood and their stay in the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 9 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

There was evidence there was an open culture in the centre where the young people and the staff team were encouraged to raise concerns, report incidents and identify areas of improvement. Staff expressed confidence in the centre management and young people in interviews and their questionnaires reported that they were happy living in the centre. The centre had a complaints process, and this was explained to young people on admission. Records of young people's house meetings and key working records showed that the centres complaints process had been discussed on a regular basis. The two young people who met with inspectors stated that they would

not hesitate to raise issues with the staff team and were confident they would be supported in same. There was also good evidence that the centre manager was advocating for the young people to ensure their needs were met. This included in one case supporting a young person to submit a complaint via the Tusla Tell Us complaints and feedback procedure.

There were opportunities for the young people, their families and social workers to provide feedback on the care provided and to identify areas for improvement and this was evident in the minutes of care plan reviews and professionals' meetings. Social workers reported that they were in regular contact with the care team and that communication was excellent. The care team maintained appropriate contact with families through telephone contact and facilitating family access visits.

The centre had a policy on the notification, management and review of incidents. Inspectors were informed by allocated social workers and other professionals that incidents were reported in a prompt manner both via phone and e-mail. All incidents viewed by inspectors had been reviewed and commented on by the centre and regional managers. Incidents were discussed at handovers, team meetings and in staff supervision and learning was communicated to the staff team. The centre had access to a significant event review group (SERG) if required comprising of centre and senior managers to review incidents. The inspectors found that there had been a low level of incidents in the period under review which did not meet the threshold for review at a SERG meeting based on the centres risk rating system. The centre manager in an effort to promote learning at team meetings had discussed possible scenarios and incidents that could arise involving the young people and how best to respond to these events.

Compliance with Regulation	
Regulation met	Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

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.

Inspectors were satisfied that all staff working in the centre had received training and development opportunities relevant to their role in line with the requirements of legislation, standards and guidelines, and the needs of the young people. All staff had received their mandatory training based on the training records provided to inspectors with the exception of some staff who required first aid response training which was scheduled.

The inspectors found that the behaviour management training provided to some staff did not meet the required standard. Through interviews, inspectors learned that three days (21 hours) of the four-day behaviour management course completed by newer members of the team had been completed online. This did not meet the requirements of the accreditation body which stipulates that the 28-hour course must be conducted in person. There were also a number of other staff who were working in the centre who had received this form of training with the online component. This issue was brought to the attention of the organisation's senior management post

inspection and a satisfactory action plan to address this training deficit was received by the inspectorate.

Staff in interview confirmed that they were provided with ongoing training opportunities. There was evidence that training was discussed with staff in supervision and all supervision files reviewed by inspectors contained training and development plans. The company had an educational assistance fund available to staff to support them to gain additional relevant training and professional qualifications, and this had been availed of by those working in the centre. A training schedule was in place which was updated on a quarterly basis and training needs were identified in the centres monthly service governance report completed by the centre manager. The regional manager also had oversight of training and completed a monthly training compliance overview copies of which were viewed by inspectors.

The centre had a formal induction process. All staff in the centre received induction training on commencement of employment followed by a centre specific induction process. There was written evidence of induction on personnel files and staff members interviewed as part of the inspection process confirmed they had received both an organisational and house specific induction.

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

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

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

Actions required

- None identified.