



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 097**

**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>Unannounced</b>  |
| <b>Date of inspection:</b>   | <b>28<sup>th</sup> January 2025</b>   |
| <b>Registration Status:</b>  | <b>Registered from the 22<sup>nd</sup> of December 2023 to the 22<sup>nd</sup> of December 2026</b> |
| <b>Inspection Team:</b>      | <b>Paschal McMahon<br/>Sinead Tierney</b>   |
| <b>Date Report Issued:</b>   | <b>16<sup>th</sup> April 2025</b>   |

# Contents

|  |           |
|--|-----------|
| <b>1. Information about the inspection</b>                         | <b>4</b>  |
| 1.1 Centre Description   |           |
| 1.2 Methodology  |           |
| <b>2. Findings with regard to registration matters</b>             | <b>8</b>  |
| <b>3. Inspection Findings</b>                                      | <b>9</b>  |
| 3.1 Theme 3: Safe Care and Support (Standard 3.1 only)             |           |
| 3.2 Theme 4: Health, Wellbeing and Development (Standard 4.2 only) |           |
| <b>4. Corrective and Preventative Actions</b>                      | <b>14</b> |

## 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 December 2008. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 22<sup>nd</sup> of December 2023 to the 22<sup>nd</sup> of December 2026.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for up to four young people from age thirteen to seventeen years on 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 children living in the centre at the time of inspection. Three children were placed outside of the centre's purpose and function and derogation had been approved from the Alternative Care Inspection and Monitoring Service.

## 1.2 Methodology

The inspector examined the following themes and standards:

| Theme                                | Standard |
|--------------------------------------|----------|
| 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 children, 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 departments on the 12<sup>th</sup> March 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 25<sup>th</sup> March 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: 097 without attached conditions from the 22<sup>nd</sup> of December 2023 to the 22<sup>nd</sup> of December 2026 pursuant to Part VIII, 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.**

The inspectors found the children were safeguarded in the centre and their care and welfare was protected and promoted. The centre had a child protection policy and safeguarding policy in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. A child safeguarding statement was on display in the centre which had been reviewed in January 2025 and staff interviewed were familiar with the risks identified in the statement. The inspectors were satisfied the centre manager and the regional manager had systems in place to monitor and audit aspects of the centres' compliance with child safeguarding policies and practices.

Training records provided to inspectors showed that all staff had received child protection training provided by the organisation along with training in the Tusla E-Learning module: Introduction to Children First. The majority of the team had also received mandated person and child sexual exploitation training. In interview, staff demonstrated an understanding of the centre policies and standards appropriate to their roles. Child protection was a standing agenda item for discussion at team meetings and senior management meetings.

The centre had an anti-bullying policy in place. While there had been evidence of negative dynamics between two of the children at times this was assessed as more akin to sibling rivalry and conflict as opposed to bullying. Social workers told inspectors that the team managed the situation well and took steps to improve their relationships. A number of professional meetings took place to address these concerns and the allocated social workers and centre management reported that relationships between the children had since improved. All those interviewed reported that all the children currently had good relationships with one another sharing meals and engaging in activities together on occasion. Inspectors spoke with two children during the inspection both of whom reported that the children got on well together.

The requirement to keep children safe was evident in the children's placement plans. Areas of vulnerability were identified and appropriate safeguards including individual risk assessment assessments and safety plans were implemented when required. Inspectors found that the risk assessments on file were of a high standard tailored to each child with appropriate control measures in place. The centre had a written policy on internet and social media use and age-appropriate restrictions on the use of children's access to technology. The inspectors reviewed key working records and found that work had been undertaken with the children around keeping themselves safe including online and personal safety using child friendly resources.

Inspectors were satisfied that the care team were aware of the individual vulnerabilities of the children and the safeguarding practices in place. There were routines in place and appropriate staffing levels based on the needs of the children. Staff interviewed were familiar with the lone working policy and the procedures in place to attend to the children's intimate care needs. Inspectors found at the time of inspection there was a stable management and staff team in place and a positive atmosphere in the centre. The inspectors observed the children interacting with the care team and found that the children had a fun and trusting relationship with them.

The centre maintained a register of child protection concerns. All team members were registered individually on the Tusla portal to facilitate them to report child protection or welfare concerns. The inspectors examined the records of child protection concerns on file and found that there had been one reported child protection concern in the year prior to inspection. Based on the review of centre records inspectors found that there were no other incidents recorded that required a notification. Inspectors were satisfied from a review of records that this had been reported and managed in accordance with policy and appropriate safeguards put in place following the event.

There was evidence on care records that the team worked in partnership with the children's social workers and families where appropriate to promote the safety and well-being of the children. All of the social workers interviewed confirmed they were satisfied that the children were safe, well cared for and they had no safeguarding concerns. There were agreed procedures in place to inform parents of allegations of abuse.

The centre had a protected disclosures policy. Staff members in interview felt confident to challenge poor practice and did not fear adverse consequences to themselves should they raise a concern.

| Compliance with regulations |                               |
|-----------------------------|-------------------------------|
| Regulation met              | Regulation 5<br>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 | 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 10: Health Care**

#### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.2 Each child is supported to meet any identified health and development needs.**

Inspectors found that there was a good focus on the health and wellbeing of each of the children. Three of the four children had an up-to-date care plan on file and the centre had requested the outstanding care plan from the social worker. Each child had an up-to-date placement plan on file. Each plan outlined their health needs in line with their care plan, including general wellbeing, dental and optical needs, diet and self-care. Inspectors reviewed key work records which evidenced that staff had undertaken individual work with the children on their health and development needs at an age-appropriate level.

The centre had been provided with assessment reports by the social work departments informing the physical and mental health needs of the children. There was evidence that the care team worked in collaboration with the allocated social workers for the four children to ensure that the care records were clear and complete. The childhood vaccination records were on file for three children and there was evidence that the vaccination records were sought from the social work department for the fourth child.

All children had access to a G.P. and medical consent forms were on file for emergency medical care signed by parents or social workers as appropriate. There was evidence that the children were supported to attend any required or routine, medical, dental, and optical appointments. All medical appointments and contacts were appropriately recorded and followed up. The need for specialist supports were discussed in detail at child in care review meetings and a number of children were attending specialist support services. At the time of inspection, the centre were waiting on a clinical assessment report for one child in order to progress their placement. The allocated social worker informed inspectors post inspection that this report had since been forwarded to the centre. All social workers highlighted the efforts made by the care team to secure the supports required for the children to ensure their needs were met.

The centre had a medication policy in place and all staff were trained in the safe administration of medicines. All medications were stored in the staff office. Each child had their own allocated cabinet that was always locked and there was identifying information on all medications. There were procedures in place to record the administration, storage and disposal of medications and records indicated that unused medication was returned to the pharmacy. While there were audit systems in place to ensure that medication was being checked on a regular basis, inspectors found some deficits in the recording of medication. In some circumstances the exact dosage of medication that a child could receive was subject to discretion. The inspectors found that in a number of instances that the specific dosage administered to the children was not recorded in their medication log. All the medication administration records on file were signed by two staff members. However, it was confirmed in interviews that in a number of cases medication was administered to a child during the night when only one staff member was present. There was also no evidence that a risk assessment had been developed in relation to this practice outlining any control measures in place.

| <b>Compliance with regulations</b> |                        |
|------------------------------------|------------------------|
| <b>Regulation met</b>              | <b>Regulation 10</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 under this theme were assessed</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 4.2</b>                                     |
| <b>Practices did not meet the required standard</b>              | <b>Not all standards under this theme were assessed</b> |

### **Actions required**

- The centre manager must ensure that medication logs accurately record the precise medication dosage given to a child and the staff present when administering medication.

## 4. CAPA

| Theme | Issue Requiring Action   | Corrective Action with Time Scales  | Preventive Strategies To Ensure Issues Do Not Arise Again  |
|-------|--|---|--|
| 3     | N/A  |   |  |
| 4     | The centre manager manger must ensure that medication logs accurately record the precise medication dosage given to a child and the staff present when administering medication. | Medication logs have been corrected to accurately record precise medication dosages administered. | Should a young person be prescribed a discretionary dual dosage of a medication centre management will ensure that the precise dosage administered will be recorded. Should it be necessary to administer medication in the middle of the night both staff on duty will sign off on the administration of medication. Risk assessments are in place to ensure that both staff sign medication logs should it be necessary to administer medication in the middle of the night. |