



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 102

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Odyssey Care
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	17th & 18th February 2025
Registration Status:	Registered from the 21st May 2022 to the 21st May 2025
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	9th April 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 2: Effective Care and Support (standard 2.2 only)	
3.2 Theme 3: Safe Care and Support (standards 3.1 & 3.2 only)	
4. Corrective and Preventative Actions	15

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 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 their first registration in 2011. At the time of this inspection the centre was in their fourth registration and in year three of the cycle. The centre was registered without attached conditions from 21st May 2022 to 21st May 2025.

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.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.1 & 3.2

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 relevant social work departments on the 19th 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 28th 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: 102 without attached conditions from the 21st May 2022 to the 21st May 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors found that there was an up-to-date statutory care plan on file for one of the four young people in placement. The other three young people had recently been subject to child in care reviews and the centre was awaiting their updated care plans. Inspectors found the care planning processes reflected the young people's views. The young people had completed consultation forms which were submitted to the child in care review meetings and they participated in the review meetings which gave them the opportunity to have their voice heard. Two of the young people were reaching the age of leaving care. Aftercare workers had been allocated to them and there was evidence that the young people were involved in the planning and decision-making process regarding their future plans. The centre had developed good relationships with a number of the young people's families and there was evidence of family members attending child in care reviews. The centre maintained detailed records of key decisions and issues discussed at care plan and strategy meetings which informed the placement planning process.

Placement plans for the young people were developed by the centre managers and key workers on a three-monthly basis. Inspectors found that overall, the placement plans on file were reflective of the care plans and the review minutes on file. There was evidence that young people had an input into their placement plans and this was confirmed in questionnaires completed by the four young people. Social workers, and where appropriate parents' views, were also considered in the placement plans. Each young person had two allocated key workers and there was a monthly key working schedule in place. Key working records reviewed by inspectors were linked to the goals of the care and placement plans. Staff were creative in their efforts in engaging the young people in key work, sourcing various worksheets and resources and there was a good level of engagement by the young people. Allocated social workers that inspectors spoke with were satisfied that the goals in young people's care and placement plans were being addressed and with the quality of key working being

undertaken with the young people. Placement plans were also discussed at team meetings and had been reviewed by the organisation's external auditor prior to the inspection. Inspectors were satisfied that actions identified by the auditor in relation to the improvement in the quality of the placement plans had been implemented by the centre.

The young people in the centre were linked in with external therapeutic supports identified in their care plans. There was evidence that young people had access to a range of counselling and support services and were consulted in relation to these services. The centre staff were also receiving guidance from the organisation's behaviour support specialist to meet the specific needs of one of the young people.

The centre management informed inspectors that they were satisfied with the level of support they received from the social work departments. At the time of inspection one young person did not have an allocated social worker. The centre manager reported that a social care leader had been allocated in the interim and was available to support them and the young person. From a review of the care records there was evidence that there was good communication between the centre management, staff and the supervising social workers and that they were working collaboratively to ensure the implementation of care plans. The allocated social workers interviewed confirmed that they were kept updated on the young people's progress and the centre was making every effort to meet the needs of the young people.

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

Compliance with standards	
Practices met the required standard	Standard 2.2
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 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.

There were systems in place to safeguard the young people and protect them from abuse. Inspectors found that the care team worked in partnership with young people, families, social workers and external agencies to promote young people's safety and welfare. The centre had a suite of policies and procedures to guide the staff team in their daily work. The centre had a child safeguarding statement that was updated in February 2025 in line with the requirements of the Children First Act, 2015 and Tusla guidance. There was evidence that the child safeguarding statement and key policies relating to safeguarding young people were reviewed at team meetings. The regional manager was the designated liaison person (DLP) for the centre and staff interviewed were familiar with the role of the DLP. The young people had also been made aware of the role of the DLP at young people's meetings. Training records provided to inspectors evidenced that all staff had received training in Tusla's Children First e-learning programme, child protection, child sexual exploitation and in their responsibilities as mandated persons.

The centre had an anti-bullying policy in place. A small number of incidents had been identified as bullying by the care team and appropriate action taken in response to these concerns. The key working records evidenced that information was provided to the young people in relation to bullying to assist them to recognise bullying and to report it appropriately. Bullying and respect for others was also discussed regularly at a number of young people's meetings. Social workers who spoke with inspectors were satisfied that the care team had responded to incidents in relation to negative peer interactions in an appropriate manner. The centre had a written policy in place on internet and social media use and age-appropriate restrictions on young people's phone use. Key working had been undertaken with the young people in relation to safe phone / internet use and cyberbullying.

The centre maintained a register of child protection concerns. The inspectors examined the records of child protection concerns on file and found that child protection and welfare report forms (CPWRFs) were appropriately recorded and

reported promptly to Tusla. All staff members were individually registered on the Tusla portal to facilitate them to report a child welfare or protection concern.

Inspectors found that in most cases the centre manager took the lead to complete and upload the CPWRFs to the Tusla portal. However, the inspectors noted that on some occasions the name of the staff member who received the information from the young person in relation to the child protection concern was not identified as a reporter on the CPWRF. The centre manager must ensure that when making joint reports the name of the staff member who received the child protection concern is recorded as a reporter on the CPWRF. There were a number of open child protection concerns at the time of inspection which were the subject of on-going investigations by the Gardaí and the social work department and there was evidence on file of appropriate follow up in relation to these by both the centre and regional manager. Inspectors found that child protection concerns that did not reach the threshold for the submission of a CPWRF under Children's First were not recorded and recommend that these concerns are recorded for monitoring and tracking purposes. Oversight of child protection concerns was evident in the managers service governance reports and in regional manager audit reports. There were agreed procedures in place to inform parents of allegations of abuse.

The inspectors found that individual areas of vulnerability were identified on risk assessments and individual safeguards were identified to respond to these risks. The social workers and other professionals for the young people confirmed to inspectors that the care team were making every effort to ensure their allocated young people were kept safe and cared for effectively. At the time of the inspection one young was exposed to high risk in the community. There was evidence of a collaborative approach to risk management with multi-disciplinary meetings of relevant professionals taking place on a regular basis to discuss the collective risks and to implement mitigation measures where possible. The minutes of these meetings recorded significant discussions relating to a focus on harm reduction and safeguarding the young person to the best of their ability with input from the principal social worker, Gardaí, the young person's Guardian Ad Litem and the organisations regional manager. The inspectors viewed evidence that the risks posed to the young person were also reviewed at the organisation's quality practice and safety committee meeting held monthly to review high risks and quality across the organisation.

The centre had a policy in relation to protected disclosures. While all staff interviewed were confident they could raise concerns about a colleague or managers

practice and were aware of their responsibilities in this regard not all staff were familiar with the policy in interview and this should be revisited with the staff team.

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

There was evidence of a positive approach to the management of behaviour based on children's rights, best practice and in line with the centres behaviour management policy. All staff were trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. Inspectors found that several of the care team had worked in the centre for a number of years providing the young people with a level of stability and consistency of care. They had built good relationships with the young people and had a good insight into the young people's needs and how best to respond to their behaviour. This was confirmed in questionnaires completed by all of the young people, all of whom were all happy with the care and support they were receiving. The young people were aware of the expectations for their behaviour through key working, young people's meetings and on-going discussions with staff. There was evidence of life space interviews taking place following incidents to help young people understand their behaviours and to identify better coping skills and behaviours that are respectful of others.

There were a number of written documents to assist and support the management of behaviour. Each young person had an individual crisis support plan (ICSP) and Individual Absence Management Plan (IAMP) on file which had been reviewed regularly. There was also a behavioural support plan in place to guide staff in managing one young person's behaviour which had been developed by a clinical psychologist employed within the service. Inspectors were satisfied from a review of consequence records that the team did not rely on sanctions or negative consequences to manage difficult behaviour, and that positive behaviour was encouraged and rewarded. In the week prior to the inspection an audit had been conducted by the organisations external auditor which identified a number of improvements in the quality of a number of supporting documents to manage behaviour including IAMPs and ICSPs and inspectors received confirmation post inspection that these actions were completed.

The centre manager was satisfied that the centre had been provided with sufficient information to facilitate robust behaviour management planning. The social workers allocated to the young people stated that to date the staff team managed behaviour well and demonstrated their skills and capacity to respond to challenging behaviour.

The staff interviewed knew the young people well and were attuned to their emotional well-being and the impact of mental health and bullying on them.

There was a system in place for the review of significant events. Significant events were risk rated and reviewed in several forums including team meetings. SEN (Significant Event Notification) meetings had taken place following serious incidents or concerns in relation to an escalation in young people's behaviours and there was evidence of feedback to the team following the significant event review process. There was evidence that the centre manager had been proactive in liaising with social workers and other professionals to set up strategy meetings in response to behaviours of concern and to implement safeguarding measures such as safety plans when necessary. As previously highlighted one young person was engaging in significant risk-taking behaviours in the community. The allocated social worker and Guardian Ad litem were both satisfied that the care team were making every effort to implement the behavioural interventions and approaches agreed at strategy meetings to manage the young person's behaviour and in their efforts to keep them safe.

Inspectors found evidence that the centre manager, regional manager and external auditor were appraising the centres approach to managing behaviour, commenting on the quality of interventions and approaches and identifying learning outcomes.

The centre had a policy on the use of restrictive practices and there were some restrictive practices in place to ensure safety. Risk assessments were in place for all restrictive practices with the exception of one for room searches which was brought to the attention of centre managers during the inspection. There was evidence that restrictive practices in place had been reviewed on a regular basis and removed when no longer necessary.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
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 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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
3	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.	<p>The centre management has ensured that all joint submissions logged since the date of inspection have included information of both centre management and that of the staff receiving the concern in line with Children's First joint reporting procedures.</p> <p>Child Protection and Safeguarding Policy reviewed at team meeting on 19/03/25 with a particular focus on the mandated persons and guidance on reporting concerns.</p>	<p>Going forward the centre manager will ensure that the staff member who receives a child protection concern will be included as a joint reporter when logging the concern on the Tusla portal in line with Children's First reporting procedures.</p> <p>Service Audits completed by the organisation's external 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>