



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 117

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	16th, 17th & 18th September 2025
Registration Status:	Registered from 21st July 2025 to the 21st July 2028
Inspection Team:	Catherine Hanly Mark McGuire
Date Report Issued:	13th November 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 Company.

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 on the 21st of July 2016. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from the 21st of July 2025 to the 21st of July 2028.

The centre was registered to provide a dual occupancy service to children aged between 12-17 years on admission. The centre had a model of care that it described as being holistic, flexible and responsive to individual needs. The company had adopted a new framework in recent months to provide structure to the delivery of care within its children's services. Training in this framework continued for all staff at the time of this inspection. There was one young person living in the centre at the time of the inspection. However, inspectors reviewed the files of a second young person that had been residing in the centre for a period of approximately four months alongside the current resident.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.3

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 worker and other relevant professionals. The young person in placement sat down with inspectors during their visit for a detailed discussion. 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 person, 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 7th of 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 centre manager returned the report with a CAPA on the 17th of 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: 117 without attached conditions from the 21st of July 2025 to the 21st of July 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

There was one young person in placement at the time of this inspection, and a second young person had recently been discharged from the centre. For this inspection, the care records of both were sampled. The centre had a range of policies to support their work in this area, including policies on health, development and wellbeing, management of substance misuse and education. The overall health needs of each young person had been named in their respective care plans and carried through to placement plans. Inspectors found evidence overall of good attention to health needs with regular GP appointments scheduled as needs presented; regular review of prescribed medication; and evidence of conversations and key work with both young people advising them of the benefit and importance of having their various health needs attended to.

There was a clinical team within the organisation that a young person could be referred into. Inspectors were provided with the completed referral form for the young person currently in placement. This young person had not been deemed to meet the referral criteria and, given their presentation in the centre and the challenges experienced by the team in supporting their progression, it was difficult to ascertain the reasons for same. During another inspection of a sister centre earlier in 2025, the regional manager in post at that time with responsibility for this centre informed inspectors that the company's clinical team were being expanded and that this would be beneficial regarding access and advice options for the staff teams working with the young people across the centres. The clinical psychologist had attended a team meeting, most recently in August 2025, and had provided some guidance in particular areas. They were to conduct a follow up training day scheduled for August and inspectors were awaiting a copy of the content delivered in this training day at the time of writing this draft report.

The centre had recently adopted a new framework to score identified needs and to structure placement planning towards achievable outcomes for young people. Inspectors found that work was ongoing to fully integrate this new placement plan

format with recent training having been delivered to the staff team by a centre manager within the company. Inspectors noted that better tracking of both presenting issues and key working to address needs was required. For example, areas of need for young people with regards to sleeping and eating patterns and habits had been identified. Although progress was reported by staff to have occurred, inspectors could not readily identify where this had been consistently tracked. Another issue that was not being tracked in an apparent manner, including though daily logs, was actual sleeping patterns and long periods of waking time spent in a bedroom. This latter behaviour was an aspect of a previous residents' placement. It was also an issue that had been raised in the inspection previously referenced here, of the sister centre within the company. Greater tracking of the attention to these areas of care is required.

There was evidence that key workers had provided the young person in placement with information on healthy eating, lifestyle and exercise. Continued work in these areas was required and staff will need to be more proactive in addressing areas with the young person who did not always respond well to being challenged by management on behaviours that were not deemed to be conducive with positive community living.

The young person in placement was approaching their eighteenth birthday. Their most recent statutory child in care review (CICR) included a positive report from their secondary school as they participated in the leaving certificate cycle. The young person advised inspectors that they had the necessary technology and desk space in their bedroom to do their homework and study. They were of the view that they did not require any additional supports or resources but may as the academic year progressed. They spoke of their ambition to attend third level education but had not determined their area of study yet.

In discussion with staff and management during this inspection, inspectors identified other potential areas of discussion and work that may benefit this young person's overall development. Whilst the young person was engaging with their appointed aftercare worker and had commenced a leaving care needs assessment, tracking of preparatory work for independence was an area that needed to be better attended to. Ongoing work with staff in the centre was required particularly in areas of acquiring the resilience to cope with adversity and establishing appropriate and needed support networks for when they leave care. These should be further explored with the young person, their social worker, the clinical team and the external specialist professional that was actively working with this young person.

In line with its stated objective of providing positive, responsive, creative and flexible service to young people which is therapeutic, caring, warm and fun, inspectors recommend that centre management undertake a review of service delivery across a few young people’s placements to determine whether this centre is achieving this objective. Many of the areas requiring improvement noted here, were identified in previous inspection findings in this centre and were similarly found in sister centres within the company’s operational region. A robust review of the delivery of care may enable centre management to identify areas of development required to achieve service improvement.

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 4.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management and staff must develop and implement a more effective system of tracking the delivery of planned work and the progression of young people towards identified goals within their placement.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager had commenced their post in this service approximately four years prior to this inspection. They had had two periods of leave of different lengths and acknowledged the ‘start/stop’ nature of their post as a result. They had returned

to the centre, following the second period of leave, in January 2025. The manager had a qualification in social care and had worked in other centres within the company prior to their successful interview for manager of this one. They were the named person in charge of the centre and were identified as a leader by staff interviewed, being named as available and supportive to staff in the delivery of their roles. They delegated tasks to named persons within the team and tracked the realisation of these within supervision. The manager was present in the centre Monday to Friday, provided on-call support and direction to the team at staff meetings and in supervision. Due to a period of leave, they had missed a recent opportunity to complete a level 6 management qualification provided by the company but planned to do this in October 2025. The manager acknowledged to inspectors, areas of professional development that they required, and there were some gaps in knowledge evidenced during interview with inspectors. Their professional development will need to be overseen and progressed with the support and input of their regional manager.

The centre manager reported to one of six regional managers within the company via weekly service governance reports, calls, emails and through formal supervision. The regional manager post with responsibility for this centre and three others, had been vacated two weeks prior to the inspection by a person that had held the role for a significant period. A centre manager within the company had been successful in interview for the post of regional manager and was going to be responsible for this centre and two others. This inspection coincided with another inspection in a sister centre within the company. During these parallel inspection processes, it emerged that inspectors were being provided with conflicting information regarding the commencement and delivery of the role of regional manager alongside their previous responsibilities as a centre manager. Inspectors sought and were provided with confirmation that the regional manager had formally commenced the induction process for their new role on September 9th 2025. They had not yet had the opportunity to visit this centre or be in formal communication with the staff team about the commencement of their role. They had also yet to schedule a formal meeting with the centre manager to discuss the delivery of their role, discuss formal supervision and planned attendance at team or other meetings. All these matters must be prioritised by the new regional manager as well as continuing to deliver on governance arrangements and structures set out within the company.

During the centre managers most recent period of leave, a total of four different persons had held responsibility for the management of the centre, providing direction to the team and conducting individual supervision. Staff during interview reported different experiences of this time - one stating changes were communicated clearly

with minimal impact on young people, and another describing some rather hectic times during that period. Having said this, they were of the view that the placements of young people living in the centre during that time had not been adversely affected. The young person in placement at the time of this inspection had experienced one change in management and they reported to inspectors that their parent had informed them of the change of manager. This was a disputed finding with staff of the view that the young person had been informed by them. Centre management should review communication mechanisms in the centre, particularly in such time of change and satisfy themselves that there are measures in place that ensure clear and timely communication of all relevant matters.

At the time of the inspection, the deputy manager post was vacant. The previous person had left their role at the start of August 2025 and a replacement, identified through an interview process, was awaiting completion of the vetting process before commencement. The gap in this role was more significant in dealing with aspects of the young person's presenting behaviours which, were on occasion, very challenging as they refused to work with or indeed interact with members of the staff team and the centre manager. The refusal to engage with or listen to the centre manager was a challenge that had persisted since the managers' return to work in January 2025. The young person spoke about this matter in interview with inspectors and was unable to suggest or agree to possible solutions. As a result of their unwillingness to engage with the manager, the deputy manager had to deliver on some of the tasks, including communicating expectations, to the young person. The manager and staff team confirmed that continued efforts were made by them to resolve this ongoing issue but there had been no resolution at this time. The company should consider a further mediation attempt to resolve the issue with the new regional manager.

The head of residential children's services within the company confirmed that there was a service level agreement (SLA) in place with Tusla, following a recent re-negotiated contract discussion and process. There had previously been a formal reporting system to Tusla to confirm compliance with contracted requirements although this had not been recently requested of Tusla by the service provider.

Inspectors were informed that responsibility for policy and procedure review was held by the head of residential care services and the CEO of the company. These were formally reviewed on a bi-annual basis, the most recent review having taken place in October 2024. Inspectors were informed that the newly appointed quality assurance person would be involved in policy review with a company-wide process underway. Despite observing some gaps in knowledge regarding policies during interview for

this inspection, there was evidence of policies and procedures being discussed at team meetings and in supervision.

There was a company-wide policy on risk management which distinguished between corporate, service and individual risk. Inspectors reviewed a sample of various individual risks on both young people’s records as well as the centre risk register. Inspectors found it difficult to ascertain how the determination of risk rating had been reached for individual risk assessments. The risk register had appropriate risk-related content however the risk rating was not correctly presented, and this must be reviewed to ensure risks listed here are rated according to the company risk matrix. There was no risk matrices attached to individual risk assessments and staff did not demonstrate a familiarity with the use of same despite having developed risk assessments and been part of the review discussion. There were lone working risk assessments on personnel files reviewed by inspectors. The purpose of these was unclear and these documents read as generic with the rationale for same unclear. Inspectors found that some content within individual risk assessments on file was not directly relevant to the presenting risk, and in others the risk that presented was not clearly named, rather the behaviour was. There were frequent reviews on file for individual risk assessments developed, however it was not evident why the risk rating was reduced to a lower rating. Inspectors’ findings during this inspection reflect similar findings in a sister centre within the company’s’ operational region and reflect the findings of the regional manager in the audit conducted by them in this centre in May 2025. Despite the findings being presented to regional manager level within the company, the deficits had not been corrected. The registered proprietor must take immediate corrective and preventative action to ensure that the systems in place to identify and respond to risk are clearly and consistently implemented in line with the corresponding framework.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must take immediate corrective and preventative action to ensure that the systems in place to identify and respond to risk are clearly and consistently implemented in line with the corresponding framework.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff in interview with inspectors demonstrated a clear understanding of their roles and responsibilities. They were aware of their reporting responsibilities, and this was further evidenced in team meeting minutes and in supervision records sampled by inspectors where roles and the delivery of same in line with centre policy were discussed. A shift lead was identified daily at handover, a mechanism reported to be pivotal to clear and consistent planning and care delivery. Inspectors noted that reported practices did not consistently match with practices they observed during their day in the centre and recommend that closer attention is given to ensuring consistency in the practical elements of care delivery including planning for mealtimes and communicating and engaging with young people daily. A staff member reported in interview that stability and clarity in terms of structuring daily routines came about when the fulltime manager had returned from leave in January 2025.

Risks to staff were outlined in a policy document broadly related to the practice of lone working. As mentioned previously, there were risk assessments in place on this topic, but these read as quite generic and would benefit from review. Despite other risks presenting to staff, including high levels of verbal abuse and non-consented recording by a young person, the policy document was narrow in its focus and should be reviewed as a priority. The manager described supportive measures including regular check-ins, discussion at team meetings and supervision being available to staff. They also referenced a policy on non-consented recording of staff that they had

only recently been made aware of. The development of an adequately detailed policy would assist in minimising presenting risk to the overall safety of staff.

As referenced earlier in this report, some staff had experienced multiple supervisors across a twelve-month period due to changes at management level. This practice is not conducive to supporting the team to deliver a consistent and cohesive service to young people. Action must be taken in future to stabilise support mechanisms for staff. Inspectors found that supervision was happening regularly for most staff whose files were sampled. One significant exception to this was one staff member where it appeared that there was a gap of one year according to supervision records on the file presented. Inspectors found that records were not signed by both parties and records did not consistently correlate, for example where a front list in the file listed dates of supervision, the corresponding record was not always there. Centre management must review personnel files to identify any gaps and account for same within records. The inspectors' other findings reflected those named in the regional manager's audit earlier in the year – records demonstrated that the supervision agenda was primarily supervisor-led despite encouragement and prompts for the supervisee to bring forward topics for discussion. Although the records were action-oriented, there was little follow through of those named actions evidenced in the subsequent session. Inspectors recommend that the focus within supervision is less broad and more focused on forward planning and the practical realisation of same with young people in placement. Centre management must undertake a comprehensive review of the delivery of staff supervision and ensure that practice is consistently aligned to policy and that any findings noted through external inspection and internal auditing processes are effectively implemented.

Inspectors observed a culture of learning and development through the delivery of mandatory training and additional trainings and workshops to equip the team in their knowledge base. The training and learning required to implement the framework of care delivery was ongoing at the time of this inspection. Each staff member had a training and development plan reviewed and discussed at each supervision session. These read as quite generic and may benefit from review to assess their benefit in the context of the identification and completion of needed training and development opportunities for individuals. The staff team had completed training that had supported them in their work with a previous young person in placement and reported it as being of great benefit. The regional manager identified in their audit in May 2025, the need for more specific training for the staff team to support them in working with a young person in placement. At the time of this inspection, this training highlighted for action but without a completion date,

was outstanding, although there had been discussions with the internal psychologist about developing a piece of training. Centre management and the integrated care service must prioritise training for staff teams where it is identified as a need to address the presenting needs of a young person in placement.

Inspectors were informed that an annual appraisal process was underway at the time of the inspection, led by the centre manager. Staff in interview informed inspectors that they had completed probation appraisals, but inspectors could not locate these on files reviewed. Centre management must ensure that appraisals are completed in a timely manner and full records maintained on files.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must review and amend the policy on minimising risks to staff to ensure that all possible presenting risks are accounted for.
- Centre management must undertake a comprehensive review of the delivery of staff supervision and ensure that practice is consistently aligned to policy and that any findings noted through external inspection and internal auditing processes are effectively implemented.
- Centre management and the integrated care service must prioritise training for staff teams where it is identified as an intervention required to address the presenting needs of a young person in placement.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	Centre management and staff must develop and implement a more effective system of tracking the delivery of planned work and the progression of young people towards identified goals within their placement.	The current system in operation will be reviewed to ensure that it is robust and fit for purpose for tracking the delivery of planned work within the centre. This will be reviewed by Centre and Regional Management to ensure that all work is planned with the staff team by means of key working meetings, placement plan reviews and team meetings. Integrated Care Services team – tier 3 Supports have been engaged in terms of assisting the team to deliver planned work with resident YP. Tier 3 supports are focused on environmental adaptations, increased and more intensive teaching of social and self-regulation skills, increased opportunities for reinforcement and natural consequences. ICS team Clinical Psychologist attended team meeting on 1 st September and provided training to staff	The organisation recognises that on some YP within our services may present with more indirect communication of needs such as non-engagement with staff teams and/or planned work on set goals. Where this occurs, the ICS team will be engaged by Centre Management to assist in the delivery of care to the YP and address the needs of the YP and staff teams in delivering this care. This will be completed under the Tiered Intervention Protocols of the ICS team. This will be supported and reviewed by Regional Manager.

		team on working with and best supporting presenting need.	
5	The registered proprietor must take immediate corrective and preventative action to ensure that the systems in place to identify and respond to risk are clearly and consistently implemented in line with the corresponding framework.	<p>All current risk assessments in the centre have been reviewed by centre management and Regional Manager. Risk scoring has been re-evaluated based on the assigned risk matrix. Team refresher training on Risk Assessment and Risk Management will be delivered at team meeting on 21st October 2025.</p> <p>Risk Assessments are reviewed regularly for each Young Person by the Centre Management. This review occurs at least monthly, but also occurs after a significant event, SEN review, SERG Review or any material change to a Young Person's circumstances or care needs. All updates to risk assessments are discussed with the team through handover, supervision and team meetings. This ensures that staff members are informed and equipped to manage any risks that may arise.</p>	The Policy for Risk Management is currently under Organisational Review. Once this review is completed, a role out the updated Risk Management Policy will take place. This will include training on risk management for all Centre Managers and teams. This training will include the risk Matrix system and the identification of appropriate risk scoring. The implementation and knowledge of this risk management policy will be measured through internally auditing processes and Regional Manager oversight.
6	Centre management must review and amend the policy on minimising risks to	Currently, risks to staff are covered by various policies. Namely these are: Lone	Once the aside review and amendment has been completed, this policy will be rolled

	<p>staff to ensure that all possible presenting risks are accounted for.</p> <p>Centre management must undertake a comprehensive review of the delivery of staff supervision and ensure that practice is consistently aligned to policy and that any findings noted through external inspection and internal auditing processes are effectively</p>	<p>working policy, Safety with Social Media- Including Mobile Phone, Electronic Communications & Post, Company Safety Statement and Promoting Positive Behaviour Managing Behaviours that Challenge including Restrictive Practice.</p> <p>The latter policy will be reviewed and updated to bring all presenting risks to staff teams together into one cohesive, comprehensive policy for centre management and staff. This review will take place by 31.10.2025. This review will be completed in conjunction with head of Quality and risk for the Organisation.</p> <p>Centre Management will be refreshed on the provision of Supervision by the 31st of October. Centre Management will also attend QQI Level 6 – Management of People to enhance their skills in this area. This will be completed by the 16th of October.</p>	<p>out to Centre Management and teams to shared learning at team meetings and Shared Learning Days so that all centre management and staff are aware of same.</p> <p>The internal auditor for the organisation will include in their internal audits a measure against this policy for implementation and knowledge of the centre management and staffs’ team for this policy.</p> <p>The provision of Supervision is a priority for Centre Management and Regional Management. Regional Manager will conduct monthly reviews of number of supervisions completed in the centre and conduct review of content to ensure standards of supervision are maintained.</p>
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	<p>implemented.</p> <p>Centre management and the integrated care service must prioritise training for staff teams where it is identified as an intervention required to address the presenting needs of a young person in placement.</p>	<p>Integrated Care Services provided training specific to current resident presentation to the staff team on 1st September 2025. Integrated Care Services have linked in with YP private Psychologist to work in collaboration to support YP in placement. Centre Management have organised external training for team supports and training in respect of YP in Placement, this will take place by end November 2025.</p>	<p>Regional Manager will conduct checks and reviews on house visits of supervision schedules and adherence to these each month. These will be evidenced in Service Governance Supports logs for the centre.</p> <p>Regional Manager will ensure that all audit actions are clearly prescribed with a date for completion by designated persons. These actions will be followed up by Regional Manager to assure completion. Audit actions from both Regional Manager Audits and Internal Auditor audits will be discussed at Quality and Safety Committee Monthly meeting where actions arising from internal or external audits are given identified space at this meeting for review. Integrated Care Services also attends the above meeting.</p>
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