



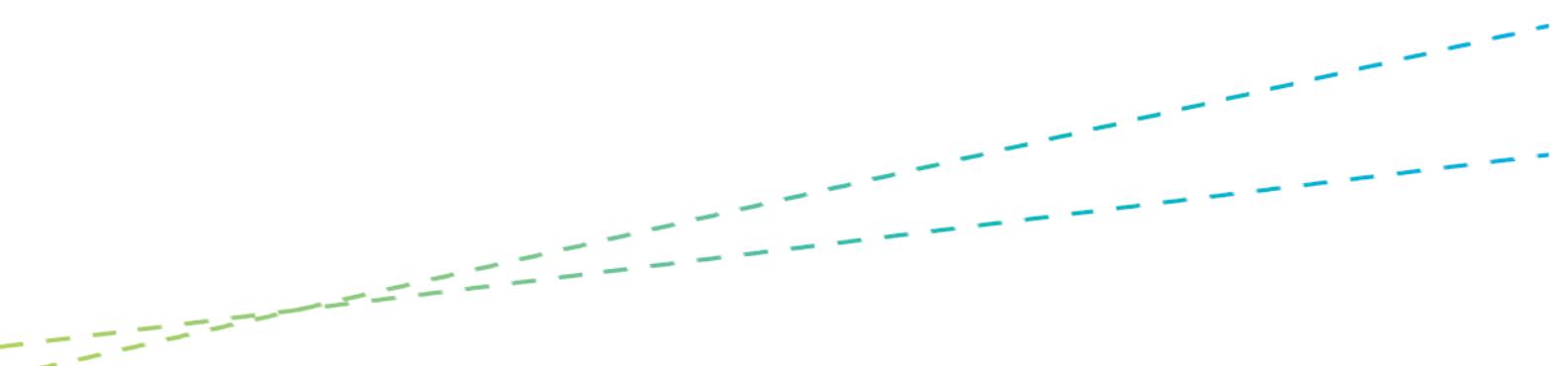
An Gníomhaireacht um  
Leanáí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 122**

**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 themed inspection</b>
<b>Date of inspection:</b>	<b>28<sup>th</sup> &amp; 29<sup>th</sup> July 2025</b>
<b>Registration Status:</b>	<b>Registered from the 18<sup>th</sup> November 2025 to the 18<sup>th</sup> November 2028</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Linda Mc Guinness</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> October 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 November 2016. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 18<sup>th</sup> of November 2022 to the 18<sup>th</sup> of November 2025.

The centre was registered to provide medium term residential care for four children aged between 7-11 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. There were four children living in the centre at the time of inspection. One child was placed outside of the centre's purpose and function, and a derogation was approved by 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	3.2
6: Responsive Workforce	6.1,6.4

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 relevant social work departments on the 28<sup>th</sup> August 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 10<sup>th</sup> September 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: 122 without attached conditions from the 18<sup>th</sup> of November 2025 to the 18<sup>th</sup> of November 2028 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 3.2 Each child experiences care and support that promotes positive behaviour.**

Staff interviewed by the inspectors outlined their approach to promoting positive behaviour by fostering positive relationships with the children placing a strong emphasis on rewarding and recognising positive behaviour. This was evident to the inspectors who observed the care team responding to the children's needs and interacting with them in a warm and caring manner. Training records viewed by inspectors confirmed that staff had received training in an approved model of behaviour management and there was evidence of regular refresher training being completed. Inspectors recommend that the centre management should consider a family focused version of this training which may be more appropriate given the ages of the children being cared for.

The centre had a number of plans on file to support the care team in managing the children's behaviour. These plans identified behaviours of concern along with planned interventions and included Individual Crisis Support Plans (ICSPs), Individual Absence Management Plans (IAMPs) and risk assessments. Inspectors found that some of the ICSPs needed to be reviewed as they did not include a number of identified interventions, including protective measures and guidance outlined in specialist reports. In one case there was a lack of agreement between the centre management and the child's allocated social worker as to whether physical restraint was a permitted intervention. This issue needed to be resolved, and a more coordinated and collaborative planning process was required to address behaviours of concern and meet the child's needs.

The children were linked in with a range of specialist services to support them and the team in managing and understanding their behaviour and it was evident in staff interviews and centre records that this guidance and training was having a positive impact on the care of the children. The centre also had access to their own behaviour support service which was providing positive input into one child's care. Another child presenting with challenging behaviour was not availing of this service.

Inspectors recommend that a referral to this service is considered by centre management and by the social work department.

There was evidence from interviews and care records that children had made progress during their time in the centre with significant improvements in some children's behaviour. However, allocated social workers told inspectors that there had been a high turnover of management and staff in the period prior to the inspection which had impacted on the team's capacity to support the children's needs and behaviours, and not all social workers were satisfied with how the needs of the children were responded to. This was evident in the inspector's review of the most recent significant events which showed that the care team were struggling to manage one child's behaviour which was also impacting on the other children. While staff in interview demonstrated an understanding of the underlying causes of this behaviour inspectors found that there was a lack of consistency and confidence in managing incidents.

Inspectors found that there had been four managers in post in the three months prior to the inspection which resulted in a lack of consistent guidance to the team, many of whom had limited experience in managing challenging behaviours. A permanent manager had been appointed a week prior to the inspection and inspectors highlighted the importance of developing the competencies and confidence of the team going forward. When behaviours of concern emerged, the centre management had been proactive in making efforts to arrange strategy meetings with all social workers to discuss the collective risks and group dynamics, but this had not always been successful due to the unavailability of some social work departments.

The centre had a number of behaviour management policies in place to guide staff in responding to challenging behaviour. A review of significant events highlighted that these policies were not consistently adhered to. Inspectors found that there was an over reliance on the Gardai to manage one child's behaviour which in the inspectors' view was an inappropriate response given the age of the child. In a number of cases a more proactive approach or earlier interventions outlined in policies and behaviour support plans may have led to a de-escalation of behaviours. Inspectors also identified another incident during which a child exhibited concerning behaviours and the procedure outlined in the centres individual risk management policy to conduct a risk assessment was not followed at the time of the incident

There was evidence in key working records that the care team were making efforts to help the children to understand and manage their feelings in an age-appropriate manner. This included the creative use of worksheets, visual aids and other child friendly resources which incorporated guidance from specialist services.

Inspectors found evidence that the centre managers and regional manager had reviewed significant events and identified learning. However, this did not lead to an improvement in the way the staff responded to the children's behaviour. There were also a number of other forums at which significant events were subject to review including team meetings and significant event group review meetings. Inspectors reviewed a sample of these meetings and found that there was a lack of detail and guidance recorded with regards to the approaches to managing behaviour and some incidents were not reviewed sufficiently to determine if more appropriate strategies could have been considered. Additionally, staff in interview were not able to consistently identify learning from incidents and there was limited evidence of incident reviews in staff supervision records.

The centre had a number of restrictive practices in place which were appropriate and subject to monthly review. Allocated social workers confirmed they were consulted and aware of all restrictive practices in place. As noted above, inspectors found there were contradictory views about the use of physical restraint with one child's social work department and the centre management which needed to be resolved.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 16</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 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure that all ICSP's are reviewed in conjunction with allocated social workers to ensure they include all agreed interventions and guidance from specialist services.

- The registered provider must ensure that all staff are aware and understand the centres behaviour management policies and procedures.
- The registered provider must ensure that all serious incidents are adequately reviewed and discussed in team meetings and staff supervision for learning and to inform practice.

#### **Regulation 6: Person in Charge**

#### **Regulation 7: Staffing**

#### **Theme 6: Responsive Workforce**

#### **Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe, and effective care and support.**

There was evidence in management meetings that workforce planning took place and that staffing requirements were under constant review by the organisation. At the time of inspection there were not sufficient numbers of contracted full-time staff to meet the centres statement of purpose and the minimum required numbers of staffing. The centre staff team comprised of a manager, two deputy managers, two social care leaders and seven social care workers. The centre were caring for four young people and had committed to providing 2:1 staffing for one of these children on admission but were unable to sustain this. To comply with these rostering arrangements the centre required fourteen staff to maintain five staff on duty each day. However, a review of staff rosters during 2025 evidenced that there were only four staff on duty most days. Inspectors found from interviews and a review of records that this had an impact on the child that was staffed 2:1.

Inspectors were informed by the centre managers at the time of inspection that the staff roster was under review to ensure that the experience levels in the team was evenly spread across the shifts. The inspectors also found that the daily shift planning process needed to be improved to ensure that the workload was shared so that caring for the children with the highest needs was spread evenly amongst the team. Since the last inspection of the centre in May 2024, eleven staff had left their posts, six of whom transferred to the relief panel. These relief staff were providing cover for gaps in the rota and other forms of leave while the centre was in the process of recruiting additional staff. The current children had been impacted by the high staff turnover in terms of the number of changes in key workers and in the consistency of care. The centre manager informed inspectors post inspection that two new staff members, one full time and one relief had taken up positions and another staff member was due

to take up their role. Senior management reported that they were actively recruiting for an additional three staff members.

As referenced earlier in the report there had been a number of managerial changes in the period prior to inspection. In April 2025, the centre manager resigned, and two interim managers assumed responsibility for the centre until a permanent manager was appointed in July 2025. There had also been a number of changes in the deputy manager role and the regional manager had also left their post. Although inspectors found a committed team in place, the absence of a stable management team in recent months to support and guide them had hindered their capacity to develop the necessary competencies and skills to provide consistent care as evidenced under standard 3.2 of this report. Records viewed by inspectors showed that the children were struggling with all the changes in the care team and this was corroborated in interviews with one of the children, their allocated social workers and acknowledged by centre management.

There were arrangements in place to promote staff retention. One of the most recent developments was the introduction of improved pay rates for staff. Other benefits included access to an education assistance fund, team days, training opportunities, career progression and an employee assistance programme.

The centre had an on-call policy to guide, support and direct staff out of office hours when a manager was not present. The centre manager provided on-call to staff during weekdays and on-call was provided on a rotational basis by managers across the region at weekends.

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

Training for staff was planned and co-ordinated centrally by the organisation and the centre had a training schedule in place. Inspectors reviewed training records and found that the majority of the team had the required mandatory core training relevant to their role and in line with the requirements of legislation, standards and guidelines. At the time of inspection, a number of staff required training in behaviour management and first aid response training (FAR) which was scheduled.

There was also evidence that staff had been provided with a range of additional training opportunities including training tailored to meet the specific needs of the current children. Staff interviewed confirmed that they were supported to attend

training and were notified when training was due. Inspectors found that while staff were being provided with the required training ,the lack of a consistent team and the number of staff who had left their full-time posts was impacting on the delivery of care.

The centres training needs were documented in service monthly governance reports completed by the manager. The regional manager also had oversight of training and completed a monthly training compliance overview which documented the training needs

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 where roles and responsibilities were discussed. There was written evidence of induction provided to inspectors 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 for review at the time of inspection.

<b>Compliance with Regulation</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>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure that there is a consistent stable staff team in place to meet the identified needs of the children.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure that all ICSP's are reviewed in conjunction with allocated social workers to ensure they include all agreed interventions and guidance from specialist services.</p>	<p>The centre management have shared the referenced ICSPs with allocated social workers.</p> <p>A meeting request was submitted to a social worker and social work team leader to discuss ICS and ICS supports. This was then escalated to the principal social worker and a review of a young person's ICSP meeting is scheduled for the 25.09.25 at which the organisations Head of Residential Services, Behavioural Analyst, Regional Manager, Centre Manager and Deputy Manager will meet with the Social Work Department.</p> <p>Clarification around interventions which can be used with young person, will be discussed and agreed upon. The young person's ICSP will be updated to reflect agreed strategies. The young person's ICSP will be updated by the 27/09/2025</p>	<p>The practice of sharing ICSPs with social workers will continue monthly or more frequently should any changes occur ensuring there is a collaborative, agreed approach to working with our young people.</p> <p>As part of the admission process and within the admission meeting the centre manager and regional manager will clearly detail the model of care and interventions used. An agreement will be requested at this stage with the social work department on what interventions will be permitted with the young person to prevent issues once the young person moves into the service.</p> <p>Interventions agreed upon during the admission process will inform all working documents including the ICSP.</p>

	<p>The registered provider must ensure that all staff are aware and understand the centres behaviour management policies and procedures.</p>	<p>and sent to the social work department for further review and sign off.</p> <p>The organisations policy on behaviour management was reviewed at the team meeting on the 11.09.25. Within this forum the team had the opportunity to ask questions and to seek further clarification. The training department conducted a training day with the team on behaviour management and a full review of all recent SEN's (significant event notifications) on the 08.09.2025.</p>	<p>Recent additions to the staff team will allow more experienced staff to guide newer staff and role model positive behavioural support approaches.</p> <p>The team have recently completed Triple P training and will utilise the learnings from this when working with the young people. Centre management will ensure that team meetings include a scheduled review of policies, as per team meeting agenda. The regional manager and quality auditor will review team meetings in audits as per the organisation's audit programme.</p> <p>The regional manager on occasion will attend team meetings to review policies with the team. This will be clearly recorded in team meetings.</p> <p>The centre manager will request additional training from the organisations behavioural analyst as required, to guide the team in their work with the young people.</p>
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	<p>The registered provider must ensure that all serious incidents are adequately reviewed and discussed in team meetings and staff supervision for learning and to inform practice.</p>	<p>The quality of team meetings has been reviewed to ensure that more detailed minutes are recorded. At the team meeting on the 21.07.25 this included any shared learning delivered by the centre manager and regional manager in relation to SEN's. To ensure this quality continues team meeting minutes will be recorded by the centre manager and/or the centre deputy manager to ensure all conversations and discussions are recorded accurately.</p>	<p>Currently during handover, discussion around recent SEN's take place – highlighting management of SEN, triggers, identifying dysregulation in each young person. These topics are discussed for a 7-day period to ensure all are aware of relevant information.</p> <p>The centre manager and deputy manager are using monthly supervision to review SENs, approaches, triggers etc with the staff team. SEN's which have occurred since last supervision are reviewed.</p> <p>Discussion held within SEN reviews and learning identified will be clearly recorded. Regional manager and centre manager will ensure that any learnings are clear and communicated to the team. Any discussions around shared learnings will be evidenced within team meetings.</p> <p>The regional manager and quality auditor will review the standard of supervisions, focusing on shared learning, on an ongoing basis. Any deficits will be communicated to the centre manager for improvements. Any gaps will be recorded within the services</p>
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			<p>audits and actioned.</p> <p>Where supports are needed the centre manager and/or regional manager will seek additional training from the ICS and/or training department to discuss same and develop a bespoke plan for the team.</p>
<b>6</b>	The registered provider must ensure that there is a consistent stable staff team in place to meet the identified needs of the children.	<p>Since the inspection two experienced staff members have returned to work for the organisation and commenced their roles within the centre. A further 2 staff are on the pending list awaiting training and garda vetting.</p> <p>A review of the staff roster took place on the 04.08.25 to ensure experienced staff are on shift daily, to allow role modelling to newer or less experienced staff.</p>	<p>The management will utilise frequent and core relief staff to cover gaps in the roster when required. There is a core group of relief staff working in the centre.</p> <p>Centre manager will ensure that there is a mix of experience within the working staff roster. Regional manager will review this monthly within the centre managers supervision and during house visits.</p> <p>Ongoing recruitment needs within the centre are discussed weekly by the regional manager within the organisation's weekly recruitment meeting. Requests for advertisements etc are made within this forum.</p>