An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 298

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Odyssey Social Care**
Registered Capacity:	**One young person**
Type of Inspection:	**Announced**
Date of inspection:	**9th & 10th March 2026**
Registration Status:	**Registered from the 17th April 2025 to the 17th April 2028**
Inspection Team:	**Kelly Murphy** **Paschal McMahon**
Date Report Issued:	**02nd of June 2026**

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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 on the 17th April 2025. At the time of this inspection the centre was in its first registration and was in year one of the cycle.

The centre was registered to provide single occupancy care for one young person who required a medium to long term placement and who ranged in age between 13 and 17 years of age on admission. It aimed to provide child centred, supportive care in a safe and open environment that is responsive to the individual needs of the young person. The organisation had adopted an evidenced based, recognised model of care for children who had experienced trauma. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of the young person. They considered the quality of work and the differences made to the lives of the young person. They reviewed documentation, observed how professional staff work with the young person 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. 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 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 23rd April 2026. 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 07th May 2026. 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: 298 without attached conditions from the 17th April 2025 to the 17th April 2028 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 personal development.

At the time of inspection, there was an up-to-date care plan in place for the young person and a child in care review had recently been held in line with statutory requirements. The young person recently had a change of social worker with their new social worker assigned to them in January 2026.

Placement plan records reviewed by inspectors were detailed, aligned with the care plan, and reflected the goals, objectives and actions identified within the care plan. It was evident that the views of the young person were taken into account regarding arrangements to meet their needs. Placement plans were reviewed and evaluated on a three-monthly basis, in line with the provider's model of care. However, not all staff had received training on all modules of the model of care used in the centre and staff in interview did not appear to fully understand the model in practice. The registered provider needs to ensure that all staff are trained and confident in implementing the model of care. This was acknowledged by senior management in interview who gave assurances that further training had been scheduled.

This in turn led to a lack of clarity in key working plans. Key working was taking place through both planned sessions and naturally occurring opportunities, and key working activities were aligned to care planning. The staff team showed a good understanding of assessing the most opportune times to engage the young person. The key working plans were directed by the centre manager in consultation with the key workers. However, staff in interview were not confident about specific pieces of work being undertaken. Consideration should be given to providing additional guidance and direction to support the staff with specific pieces of key working to be completed.

While the young person's input was not recorded on the placement plan, inspectors found evidence of ongoing consultation with the young person regarding their care in the weekly young person's meetings and in the everyday interactions. The team used

creative ways to engage the young person and capture their voice. Inspectors found through interview with staff and from a review of records that the team held the young person in high regard and valued building a trusting relationship with the young person.

Weekly multi-disciplinary meetings were held which facilitated discussion and decision making and were attended by both internal and external supports. Attendees reviewed the placement progress with respective specialist services providing support and direction to the team where required. It was evident through a review of meeting minutes that the voice of the young person was heard and that progress was planned at a pace best suited to the young person's needs.

Inspectors found strong evidence from a review of care files and interviews that there was effective communication and collaboration between the centre and the social worker and other professionals. The social worker in interview was satisfied that they were kept up to date in all matters affecting the young person.

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

Inspectors reviewed the centre's statement of purpose and a range of relevant policies, procedures and associated documentation to manage the young person's behaviour which aligned with the centre's identified model of care framework.

Inspectors found evidence of a positive approach to the management of behaviour. The majority of the staff team were experienced with a good level of knowledge and skills and were supported by a strong management team. All staff had completed training in a recognised model of behaviour management with refresher training completed as required. The centre had a number of plans in place to guide staff in managing the young person's behaviour including Individual Crisis Support Plans (ICSPs), Individual Absence Management Plans (IAMPs), risk assessments, and safety plans which were subject to regular review. The management of behaviour was supported by a positive behavioural support department who devised a behaviour support plan (BSP) for the young person, and who attended the weekly multi-disciplinary meetings.

In interviews staff and management demonstrated a good understanding, for the most part, of the underlying causes of behaviours that challenge, with insight and compassion shown towards the young person. This view was also shared by the allocated social worker and the appointed guardian ad litem. Inspectors found that additional training specific to supporting the young person with particular vulnerabilities would be beneficial to the team and the young person.

Inspectors found that risk management was discussed at regional manager meetings, team meetings, handovers, and in supervision, with clear guidance and direction provided to staff. It was evident that there was significant improvement in the team's capacity to support and manage the young person with behaviour that challenges since admission. This was evident in the notable reduction of significant event notifications (SEN's) in both occurrence and severity. The young person's social worker and other professionals in interview acknowledged the work and commitment of the staff and the improvement in the young person's behaviour which reflected the

positive relationships that have been established with the staff team over time. While it was evident from interviews with staff that work was being completed with the young person to assist them in understanding and managing their own behaviour, this work was not consistently reflected or recorded in the key working records or daily logs on file. Inspectors reviewed the questionnaire completed by the young person who reported that the adults in the centre treated them well however, they didn't feel they were always easy to talk to. The young person was able to identify staff members with whom they had positive relationships.

The centre had a policy on the use of restrictive practices and there were some restrictive practices in place to ensure safety. There was evidence that these restrictive practices had been risk assessed and were reviewed on a regular basis.

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	**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 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 organisation had undergone recent changes in the governance structure. The updated structure included a newly appointed Director of Operations, and the recent departure of a regional manager and a quality assurance auditor. The regional manager reported to and received supervision from the head of children's residential services. With the absence of a regional manager and quality assurance auditor, the regional manager with responsibility for the centre was tasked with additional duties; an increase in oversight of centres from three to four, and interim responsibility of the auditing duties of the four centres.

The centre manager was the appointed person in charge and reported to the regional manager. The centre manager was supported by a deputy manager, five full time social care leaders and three full time social care workers. The internal management structure was appropriate to the size and statement of purpose for the centre. The centre manager was experienced and demonstrated strong leadership and was highly respected by the staff team as evidenced in interviews with staff. There were robust alternative management arrangements in place for when the person in charge was absent and a clear record of delegation of tasks was maintained.

Following a review of the suite of policies and procedures, inspectors found them to be generic to the wider organisation, with some policies and procedures not relevant to the specific type of care provided in the centre. Consideration should be given to ensuring that the policies and procedures available to staff are specific in order to accurately guide staff to the particular requirements of the centre.

Inspectors found evidence of good oversight of risks by the regional manager and the centre manager. Risks were reviewed and updated in a timely manner and when required, were linked to IAMP's and safety plans were put in place. Following a review of the risk management framework, inspectors found that the method of categorisation of risk was not clear. However, the registered provider gave assurances and provided evidence that work was underway to improve the risk management framework to include a risk matrix and to train staff in its implementation and use.

While there were service audits and monthly management audits in place which overall inspectors were satisfied with, inspectors found that there was no specific audit completed under the centres approach to managing behaviour that challenges. Inspectors recommend that the registered provider commence an audit to review behaviour management this year.

At the time of this inspection there were arrangements in place between the funding body and the registered provider for the provision of services.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 5.2**
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 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.

At the time of inspection, the centre had the required number of full-time staff to operate as per the centre's statement of purpose. In the opening months of the centre, the centre experienced a high level of significant event and behaviours that challenge. The registered provider responded by strengthening the internal management team by increasing the number of social care leaders, in addition to the deputy manager and centre manager, to ensure the staffing level, experience and skill mix allocated to the centre was appropriate to the current assessed needs of the young person. This provided stability and support to the staff team and increased the capacity to build trusting relationships between the young person and staff.

Inspectors reviewed minutes from senior management meetings and found evidence of continued discussion on workforce planning. The senior manager in interview was aware of the implications staffing deficits would have on the team's capacity to meet

the young person's needs. The senior manager acknowledged that wider organisational staffing deficits had impacted the ability to provide timely training for the staff team at times. Senior management outlined the organisations workforce-planning strategy and provided evidence of the system used to monitor and track staff recruitment.

Inspectors found through a review of rosters, and in interview with staff and management that practices of staff working back-to-back shifts were ongoing. This risk was captured in the organisations Corporate Risk Register. Management advised that these occurrences were not preplanned and were in response to immediate sick leave. While the care of the young person was not impacted and the minimum staffing requirement was maintained, the registered provider must ensure that there is adequate contingency cover available for emergencies.

The centre operated a variety of retention initiatives and access to training. Staff, in interview, were complimentary of the retention packages available while also offering suggestions of how this could be further strengthened.

Inspectors found that there were formalised procedures for on-call in place for evenings and weekends. An on-call log was kept in line with the centre's on-call policy. The centre operated a procedure whereby the centre manager was on-call from Monday morning to Saturday morning. The weekend cover was rotated through a group of managers operating regionally within the organisation. Senior managers advised that the system of on-call provision was currently under review giving consideration to an employee's right to disconnect. Inspectors found that a live on-call procedure was available to staff in the centre and staff reported in interview that on-call was responsive and supportive.

Compliance with regulations	
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 6.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that the practices of staff working back-to-back shifts cease and that there are sufficient numbers of relief staff to cover all forms of leave.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The registered provider must ensure that the practices of staff working back-to-back shifts cease and that there are sufficient numbers of relief staff to cover all forms of leave.	The management of the centre, including regional, centre and deputy managers, have introduced a daily staffing compliance monitoring system within the centre. The centre manager will be responsible for completing and reviewing staffing levels against required ratios daily, ensuring that any identified deficits are promptly escalated in line with organisational policy. From 30th March, weekly roster planning and review meetings will ensure that staffing levels are proactively planned, the practices of staff working back-to-back shifts cease, and that robust contingency arrangements are in place to consistently maintain agreed child-to-staff ratios.	Recruitment oversight has been strengthened through the introduction of weekly recruitment meetings involving regional managers and the recruitment team. These meetings, in place since February 2026, ensure that priority vacancies are progressed without delay and aligned to the specific needs of each centre. This approach is currently demonstrating effectiveness in improving recruitment timelines and outcomes. A relief panel is actively maintained and regularly reviewed, ensuring the availability of trained and familiar staff to cover annual leave, sick leave, and unplanned absences, thereby supporting the consistent maintenance of required staffing ratios.

		The centre currently has two staff members progressing through the onboarding process. Recruitment efforts will continue to ensure that staffing capacity is strengthened and sustained within the centre.	The regional manager completes monthly staffing audits as part of an established organisational key performance indicators. These audits review rota compliance, utilisation of relief staff, and adherence to required staffing ratios. Immediate corrective actions are implemented where any gaps or risks are identified. Escalation protocols to Odyssey's director of operations will be in place where staffing levels fall below required ratios, including immediate notification and implementation of contingency measures to maintain safety and compliance. The director of operations started their role in late January 2026 and this measure is established since then.