An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 146

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Odyssey Social Care**
Registered Capacity:	**Three young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**13th and 14th January 2025**
Registration Status:	**Registered from 01st March 2025 to 01st March 2028**
Inspection Team:	**Linda Mc Guinness** **Anne McEvoy**
Date Report Issued:	**11th March 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 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 03rd December 2018. 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 01st March 2022 to the 01st March 2025.

The centre was registered as a multi-occupancy service to accommodate three young people of all genders from age thirteen to seventeen on admission. The organisation adopted a new model of care in 2024 and was progressing training for all levels of staff. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
6: Responsive Workforce	6.1

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 to the relevant social work departments on the 17th February 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 3rd 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/ not 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: 146 without attached conditions from the 1st March 2025 to 1st March 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
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.

Through the course of the inspection inspectors spent time with all young people and observed interactions between them and the staff team and with each other. It was clear that they were cared for, supported, and in general, happy in their placements.

Inspectors found there were good systems in place to support planning for the three young people. Review of pre-admission risk assessments evidenced that the centre was provided with adequate information to facilitate effective planning. In addition, collective risk assessments were carried out in consultation with relevant professionals to assess a suitable mix of young people and to mitigate against any possible risks. Planning for young people was supported by a behaviour support specialist and the implementation of a new model of care which was being rolled out across the organisation.

Through collaborative planning with social work departments and with other professionals there was a strong focus on care and placement planning. At the time of inspection, statutory child in care review meetings were taking place in line with regulations, and two of the young people had an up-to-date care plan on file in the centre. There was a small delay in receiving the care plan for one young person however the centre held minutes of the statutory review, had regular communication with the social worker and planning could be progressed. All young people were encouraged to participate in their review meetings and where they chose not to, there was evidence that appointed key workers met with them in advance to ascertain their wishes and views.

In consultation with young people, placement plans were developed. They explored achievable goals they would like to work towards, and these were added to the plans in line with their individual preferences. Inspectors found that these plans reflected the goals of the care plans and decisions taken during review meetings. They addressed areas of need, interventions/supports required and desired outcomes. During inspection interviews team members were clear how the placement plans were developed and implemented in practice. Priority tasks were allocated to key people and there was a robust system in place to review progress and identify additional supports required.

Inspectors found that that there was an individualised and child-centred approach to working with young people. The team carried out direct individual work with young people or used tools and resources to facilitate creative communication and engagement depending on their age and level of understanding. At the time of inspection, the centre was short staffed for a period of time (exceeding 6 months) and although there was no evidence that key working was affected there were aspects of young people's weekly plans that were not possible to fulfil when only two team members were available. While there was evidence that day to day care was good inspectors found several occasions where young people family contact and daily plans could not be facilitated as planned. This is further discussed under standard 6.1 of this report.

One young person chose to meet with inspectors, and they stated that while they did not agree with every decision and felt some issues took too long to resolve, they were happy that they were involved in planning and kept up to date on all decisions. Team members and their social worker gave them regular feedback after meetings. It was evident from review of care files and speaking to the young person that they clearly understood the reason for their need for care and the rationale behind decisions that the adults made. Where it was deemed appropriate and in the best interests of young people, in consultation with social workers or as directed by them, parents were invited to participate in review meetings and their wishes were recorded.

There was effective internal oversight of placement planning by centre management and external managers could access records in real time. Inspectors found that placement planning was reflected across team meetings and that team members were supported in their work and held to account for completing assigned tasks.

Inspectors observed practice, reviewed care records, spoke with and read feedback from young people. It was evident that they were happy living there and they felt the team cared about them and helped them with many aspects of their lives.

The allocated social workers who spoke with inspectors commented positively on the care being provided and stated that the team rigorously followed through on the decisions made. One said that although there had been a lot of changes on the team, the young person still had key people who they could go to and trust. They confirmed that there was good communication with the manager and key members of the team and that they received placement plans and regular updates in respect of the young person.

Young people received timely assessments and those who required it were linked in with appropriate specialist supports in line with needs set out in care plans. Staff members were clear about the roles and responsibilities of all those involved in the care of young people. In addition, monthly core multi-disciplinary meetings took place to support the care of one young person. The team were supported by a range of external specialists and followed guidance and direction provided. All those interviewed stated that this was a valuable resource to support their work and facilitate progress. The team also facilitated travel long distances to maintain therapeutic support services when required.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

During this unannounced inspection inspectors found that significant improvements were required both inside and outside the centre. This included works that internal auditing had identified for action from early 2024 such as new windows and doors, replacement flooring, a new kitchen and work to the driveway. None of these issues had been attended to, or were in progress, at the time of inspection. The regional manager, centre manager and team members interviewed understood that there was approval for these works however they were not clear on the reason for this delay. It was not evident from a review of team or management meetings that these issues were being tracked or escalated.

While some new furniture had been purchased, and the living areas were homely and comfortable inspectors found that some small household appliances were broken or significantly damaged/unsightly. These items would be inexpensive to replace but were not entered on the maintenance log.

One young person met with inspectors and showed one of them their bedroom that they had personalised to their liking. They had sufficient storage for their personal belongings and had books games and music instruments to support their interests and talents. They were proud of their space and showed the inspector photos of special occasions and activities they participated in and also played the drums for them. The other young people confirmed that they liked their rooms, had all they needed and were involved in choices around redecoration of their spaces.

The centre was adequately lit and heated. While the bathroom facilities were sufficient in number and ensured privacy there was an issue with mould in one of the bathrooms that was ongoing and persistent. Remedial measures such as mould resistant paint was applied however, the issue returned and could cause health or structural problems unless the primary cause is identified and treated. Additionally, coverings on some furniture were missing or torn and this compromised their fire-retardant properties, and this was not entered into maintenance log or fire register.

Further, there were deficits in the systems to monitor and track that the centre was homely and was an appropriate environment to promote the safety and wellbeing of young people. Audits reviewed by inspectors did not identify many of the issues highlighted during inspection. It was not possible to determine if issues identified for action on the maintenance log were completed in a timely manner. A cracked windscreen in the car was not repaired promptly.

The centre was not clean and well maintained at the time of inspection. Cleaning logs/checklists were not available for review and many entries on handover records relating to cleaning tasks were not completed or were left blank. The manager had addressed issues with cleanliness in the centre in October 2024 and regional manager stated in interview that they also had raised the issue with centre management.
It was inspectors' assessment that staffing deficits significantly contributed to some of the issues relating to day-to-day maintenance of the centre, as the team prioritised the care of young people and implementation of their plans over cleaning and upkeep of the house. Non urgent tasks were postponed, and this was evident in the premises during inspection.

There was written confirmation provided upon initial registration in 2018 that all statutory requirements relating to fire safety and building control were complied with. No structural alterations have taken place since then.

The centre maintained a fire safety register that was up to date and evidenced regular day and night time fire drills, service, and maintenance checks. Required in-house daily and weekly checks took place and were entered on the register. There were adequate arrangements in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. Notwithstanding this, inspectors found that the fire panel was locked with a padlock and the keys were held in a lockbox in a locked office. This practice was in place due to a risk assessment for a previous group of young people. All team members interviewed did not feel that the same level of risk was present however the risk assessment was not reviewed. There was a lack of clarity on what happens when a fire alarm was activated.

The registered proprietor provided evidence of adequate insurance in place. There was a safety statement which was last reviewed in October 2024. The statement identified those with specific roles and responsibilities for fire and health and safety and team members interviewed were able to identify who these representatives were.

Inspectors undertook a review of personnel files and found that health and safety was incorporated into the initial induction upon commencement of employment. The health and safety representative received additional training relevant to the role. There was a centre based environmental risk assessment in place. This included fleet management, fire safety, food preparation and storage, slips, trips and falls, storage of cleaning products and electrical equipment and safety amongst others. Some risks identified during this inspection were not highlighted through risk assessments.

Team members all completed training in the safe administration of medication and a record was maintained of all medications administered. Inspectors observed that medication was stored in a locked cabinet in the office and risk assessments determined if young people could self-administer medication. All cleaning materials were stored securely. The centre manager should revisit the risk assessment requiring this restrictive practice as two of the young people were actively preparing to leave care at the time of inspection. As part of aftercare preparation, they should have ready access to laundry and cleaning materials (if safe to do so) without requiring team members to facilitate this. Inspectors recommend that the centre manager consults with the social work department and the young person to revisit the risk assessment and assess if it can be amended to better facilitate aftercare planning.

Team members were trained as first aid responders or in basic first aid. First aid equipment was held in the office and supplies were monitored by regular checks. There was an electronic system in place to record and report any accidents and

injuries that occurred in the centre. A record of accidents or injury was also notified to the relevant social work department and held on the young people's care records. The centre had three vehicles that were appropriately insured and taxed. One car was off the road as the national car test was recently postponed due to adverse weather. The organisation ensured that a copy of their full driver's licence was held on the personnel files of those who drove cars during the course of their work.

Management and team members confirmed vehicle safety checks and maintenance requirement for the cars took place regularly and this was evident on handover and team meetings records. The delay in repairing a cracked windscreen was explained as an oversight.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 15** **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	**Standard 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that all works that had been identified for action are progressed as a matter of urgency.
- The registered provider must ensure that audits and oversight of the centre ensure that all aspects of the premises, furnishings and equipment are maintained to a satisfactory standard and that staffing, and resources are available to facilitate this.
- The centre manager must ensure all issues requiring attention are entered on the maintenance log and attended to promptly, and subject to escalation tracking and oversight.

- The registered provider must review the risk assessment for the practice of locking the fire alarm panel and ensure that all team members are aware of procedures in place when a fire alarm is activated.

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, inspectors found that the centre did not have sufficient numbers of contracted full-time staff to meet the centre's statement of purpose and staffing ratios set out in placement proposals. This was a long-standing issue, and the managers or team members interviewed could not state when they last had a full staffing complement. The centre operated on a staff to young person ratio of 1:1 and this required a designated core permanent team of a social care manager, deputy social care manager and a team of ten social care leaders/social care workers. The centre was unable to meet these requirements over a sustained period. Four team members moved on to other jobs in the sector since the last inspection in November 2023 and the centre relied on relief staff, overtime hours and care staff from other houses to fulfil the roster requirements. One new team member commenced employment the week of this inspection and this brought the current complement of staff to social care manager, deputy manager, and eight social care workers/social care leaders.

Inspectors found that it was evident that the short staffing in the centre had a negative impact on the young people and on the staff capacity to meet their needs and maintain the premises. Inspectors examined the rotas since July 2024 and found that twenty-three different people had covered shifts on the roster in the past six months and, in the same period there was a minimum of thirty occasions when the minimum staffing requirement of two overnight shifts and a day shift was not covered. While double cover was maintained at all times, inspectors found several occasions where young people's plans/activities could not be facilitated or where visits to family members had to be altered due to staffing deficits. Young people had complained about this in July and October 2024 and while their frustrations were acknowledged, and they were informed that recruitment was taking place it was still an issue at the time of this inspection in January 2025. These complaints were resolved locally, and

inspectors did not deem that this was appropriate or in line with policy given the nature of complaints and impact on care provision. Social workers interviewed were aware that there were some difficulties in fully staffing the centre.

Additionally, inspectors viewed risk assessments where 1:1 staffing was recorded as a protective measure and to mitigate against risk but there frequently was no capacity to implement this safety measure.

It should be noted that it was positive that the two managers and five of the team have worked in the centre in excess of two years and had built trusting relationships with the young people to provide some stability and consistency during a period of uncertainty. While the team who were there at the time of inspection were committed and dedicated to implementing the plans for young people to the best of their ability it was evident from observations, review of records and inspection interviews that it was not possible to attend to all aspects of the work and that frustration was apparent.

Additionally, at the time of inspection and since November 2024 there was a risk assessment and safety plan (funded and in place) that required 2:1 staffing for one young person. Inspectors found that implementation of the safety plan required a staff/young person ratio of 4:3 at all times and that this was only implemented on fourteen occasions since the plan was agreed with all professionals on the guidance and advice of specialists. Furthermore, the centre, as described above, was unable to provide the minimum 3:3 ratio on many occasions further increasing the assessed risk. While there was a risk assessment related to low staffing numbers, inspectors did not find that individual risk assessments were revisited with all relevant professionals when there was no capacity to implement preventative/protective measures deemed necessary.

There was evidence in centre records that staffing requirements were reviewed in a number of fora including management and team meetings, through centre audits and with the organisation's human resources department. Inspectors were informed recruitment was a priority across the organisation, and that efforts were ongoing to recruit additional team members and vetting had commenced for two new staff identified for this centre.

There were three dedicated staff members who generally provided relief cover for this centre however they were often being used to cover basic staffing requirements and not cover for annual leave, illness or emergencies.

There was a policy and measures in place to promote staff retention and continuity of care for young people. This included an employee assistance programme, the provision of on-going training, salary increases, career progression opportunities and access to health insurance. Inspectors were provided with a staff retention plan for 2024/2025, but it was too early to determine if it was having a positive impact.

The centre had an on-call policy and procedure in place to assist the team in dealing with any crisis or emergencies at night or during weekends/bank holidays when managers were absent from the centre. Team members interviewed found this to be an effective support to them in their role. Inspectors found that there was record kept of any advice and information provided to staff through on call. Due to staffing difficulties and changes in managers across the organisation the pool of people providing on-call cover was reduced over a six-month period in 2024. The centre manager informed inspectors that with new appointments in recent weeks it would be back at full quota imminently.

Compliance with Regulation	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

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 numbers of staff in the centre reflect the stated staffing complement and staff/ young person ratio and are adequate with regard to the number of young people and the nature of their needs.
- The registered provider must ensure that staffing ratios indicated on risk assessments and safety plans are implemented in full or revisited with all relevant professionals.

3. Corrective Actions and Preventive Actions (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	The registered provider must ensure that all works that had been identified for action are progressed as a matter of urgency.	Centre manager and regional manager liaised with maintenance manager in January 2025 with a view to ensuring all works are being progressed. Confirmation received that alternative suppliers have been explored to ensure that works will progress. Expected works to commence by late Q2, early Q3 2025.	As a new process, the regional manager with the maintenance department will ensure there is a clear timeline provided for all works identified with relevant person(s). This will be tracked by the regional manager to ensure any identified works are completed within the timeline set out by the person(s) responsible for same.
	The registered provider must ensure that audits and oversight of the centre ensure that all aspects of the premises, furnishings and equipment are maintained to a satisfactory standard and that staffing, and resources are available to facilitate this.	All identified pieces needing repair or replacing highlighted during inspection have been actioned. One outstanding piece to be completed by end of Q1 2025. The registered provider has hired a new auditor to undertake 2 full themed audits in all services per year and will provide feedback in real time to each service.	There is ongoing and active advertising of positions available for the centre. The registered proprietor has engaged in a planned recruitment drive overseas with a view to applicants filling roles where required.

		Plan for themed audit within centre by Q2 2025. At present, there is one new starter going through the recruitment process due to start in March 2025. The centre to be at full complement of staff by Q2 2025.	
	The centre manager must ensure all issues requiring attention are entered on the maintenance log and attended to promptly, and subject to escalation tracking and oversight.	All maintenance pieces noted during inspection have been added to the maintenance log and all actions to be completed by end of Q1 2025. Centre manager sends regular updates to regional manager on maintenance pieces and pieces requiring escalation to be completed.	The regional manager with the maintenance department will ensure there is a clear timeline provided for all works identified with relevant person(s). This will be tracked by the regional manager to ensure any identified works are completed within the timeline set out by the person(s) responsible to complete the works.
	The registered provider must review the risk assessment for the practice of locking the fire alarm panel and ensure that all team members are aware of procedures in place when a fire alarm is activated.	This risk assessment for the fire panel was reviewed and updated by the management team in February 2025. The updated risk assessment was shared with the staff in the team meeting in February 2025. All team members are aware of procedures in place around fire safety.	Should there be a risk identified where a box is required to be placed around the fire panel, the risk assessment will be reviewed and updated. The updated procedures for when a fire alarm is activated will be communicated with the team via email and during a team meeting.

	The centre manager must revisit the risk assessment relating to cleaning products and align it to facilitate aftercare planning if safe to do so.	A review of the cleaning products risk assessment completed in February 2025 and communicate to staff in the team meeting in February 2025. This was communicated with all young people in young person's meeting in February 2025.	Should there be a risk identified where there is a requirement to have the cleaning supplies storage area locked, the risk assessment will be reviewed and updated. The updated procedures for same will be communicated with the team via email and during a team meeting.
6	The registered provider must ensure that the numbers of staff in the centre reflect the stated staffing complement and staff/ young person ratio and are adequate with regard to the number of young people and the nature of their needs.	The registered provider will plan to have minimum staffing of 3:3 available at all times. Plans for 2:1 staffing will be in place where possible. There is ongoing and active advertising and recruitment for positions available for the centre. Centre should have full staffing complement by Q2 2025.	There is ongoing and active advertising of positions available for the centre. The registered proprietor has engaged in a planned recruitment drive overseas with a view to applicants filling roles where required.

	The registered provider must ensure that staffing ratios indicated on risk assessments and safety plans are implemented in full or revisited with all relevant professionals.	Professionals meeting completed in January 2025 with SWD for young person with 2:1 staffing and risks shared, and clarity provided around staffing. All risk assessments and safety plans updated to reflect that 2:1 staffing will be provided where possible and all updated risk assessments sent to SWD. Professional meeting took place in January 2025 to discuss 2:1 staffing levels, share the current risk of staffing and develop a safety plan with the relevant professionals. Risk assessment and safety plan was shared with all professionals involved in this case in January 2025. Staffing priority will be given to transporting young people on longer car journeys to facilitate appointments, access visits and activities. This practice is in place since January 2025.	On-going professional meetings will take place to ensure the review of staffing risks are considered with the relevant professional team.