



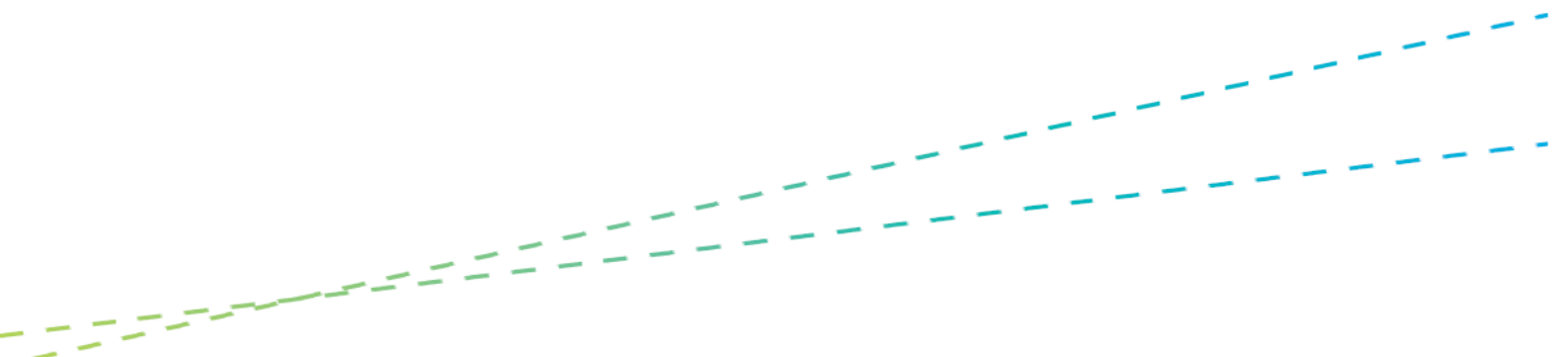
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 101

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Huruma Ltd.
Registered Capacity:	Eight young people
Type of Inspection:	Announced Themed Inspection
Date of Inspection:	02nd, 04th and 05th November 2020
Registration Status:	Registered from the 03rd November 2019 to the 03rd November 2022
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	4th December 2020

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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 Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2007. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 03rd November 2019 to the 03rd November 2022.

The centre was registered to provide an aftercare service for up to eight young adults between the ages of 16 years and 23 years. The centre worked in partnership with Tusla and the aim of the service was to equip each young adult with skills for independent living and adulthood, to identify their needs and help plan for the future. At the time of inspection there were four young adults living in the centre. The inspectors contacted each of them in advance for written consent for their files to be reviewed as part of the inspection process, one of whom consented for their file to be reviewed.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4 : Health, Wellbeing and Development	4.1, 4.2, 4.3.

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 via teleconference with the relevant persons including 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 adult, 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 centre manager, director of services and the relevant social work departments on the 18th November 2020. The centre provider was required to review the report for any factual inaccuracies and return it to the inspection service. The centre manager returned the report confirming there were no factual inaccuracies on the 23rd November 2020.

The findings of this report deem the centre to be continuing to operate in adherence to the 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: 101 without attached conditions from the 03rd November 2020 to the 3rd November 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10 Health Care

Regulation 12 (1) Provision of food and cooking facilities

Theme 4: Health, Wellbeing and Development

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

Inspectors found that there were comprehensive initiatives and practices in place to promote and protect the life, health, safety, development and welfare of each young adult in the centre. The purpose and function of the centre was to equip each resident with skills for independent living and adulthood and to help plan for the future. Due to the age profile of the young people in placement, permission was sought to view files. Only one young adult gave permission to inspectors to review their files therefore judgement is made based on the review of one care file only. In line with the purpose of the centre, inspectors found that this young adult had an up to date placement plan and independent living skills programme, both of which clearly identified the skills the young adult had already mastered and the goals under health, wellbeing and independent living that required further progression. The young adult had contributed to the development of the placement plan and life skills programme. This was further confirmed by the young adult's allocated aftercare worker.

The centre had a young person's booklet which clearly identified the areas of work that the centre focused on with each resident. This booklet referenced that staff will support each young adult to be healthy and to make positive choices about their diet, exercise and making safe decisions regarding alcohol, sexual health and relationships. In interview staff spoke about the multifaceted approach to wellbeing, looking at all aspects of health, physical, mental, social, sexual and spiritual health. This was further evidenced in key work records examined by inspectors.

The centre had a wellness programme in place which was utilised by the young people and was tailored to the individual needs of each resident. This programme was specifically aimed at encouraging positive mental health and providing self-care tools to instil coping mechanisms and positive self-care. This was conducted via a social conferencing app during Covid-19 restrictions.

Inspectors reviewed training records and found that a number of staff had completed training on E-suicide awareness, ASIST and STORM. The centre demonstrated an awareness of mental health issues and the potential impact of same on the ability of the resident young people to meet their goals of being able to live independently.

The centre also had a smoking cessation programme in place. There was one young adult resident in the centre who smoked and while staff stated the young adult had not availed of the smoking cessation programme, individual key work was completed around the dangers, social and health implications of smoking. In interview staff stated they brought the local community Garda in to discuss with one young adult the legal implications of substance misuse and noted that key work was completed with any young adult who they suspect might be involved in drug use.

Inspectors found evidence in key work records of sessions completed on social media and online safety, accessing psychological support, self-care, personal care and care of the young person's physical health. The young adult whose files were examined was attending an external social support class for issues relating to a healthy diet and they were involved in menu planning and meal preparation suitable to the programme they were involved with.

In interview staff spoke confidently about the range of professionals they liaise with around promoting the health and development of the young people. The aftercare worker for one young adult stated that the staff advocated and co-operated with all professionals for the young adult. Inspectors found that involvement and co-operation with other professionals was discussed in team meeting minutes and in supervision records.

Inspectors reviewed menu planners and found that there were adequate options of wholesome and nutritious food available to the young people with allowances provided for special dietary requirements and individual choice. This was confirmed in interview with one young adult. As part of independent life skills programme each young adult was encouraged to cook simple, but nutritious meals for themselves that they can easily replicate when living independently. A review of daily log records evidenced that the young people were encouraged to cook for themselves and spend time in the kitchen with staff preparing meals. Inspectors observed a large dining room where staff and young people shared their meals together.

Inspectors reviewed the independent living skills programme. This was comprehensive in nature and included developing necessary life and social skills.

Staff in the centre used social stories where it was appropriate to assist the young adult to fully understand the information being given. Inspectors found that this programme identified the skills the young adult already had and focused on developing the skills they felt they needed to achieve. Inspectors saw evidence of the young people being encouraged to discuss and develop appropriate supportive relationships with extended family members, community supports and friends in advance of leaving care.

Young people in the centre were encouraged to manage their own medication through a programme of responsibility. This involved a discussion with the young adult on the medication they were on, allowing the young adult to hold their own medication, and reviewing the self-administration at frequent intervals to ensure the young adult was able to manage their own medication. On the care file of one young adult, inspectors saw the use of a money management programme in place. This was part of the independent living skills programme where the young adult wrote out their budgeting plan to gain an understanding of how much money they needed and how to prioritise those items that were essential.

Each young adult is required to attend an educational or training programme as part of the admissions criteria. On care records, inspectors found that key work was completed to identify the potential employment opportunities that arose out of the training the young adult was attending and they were encouraged to avail of work experience.

Standard 4.2. Each child is supported to meet any identified health and development needs.

For the young adult whose file was reviewed inspectors found that there was a clinical psychological assessment and a cognitive assessment both on file. There was evidence to support that these documents formed the basis of work being completed with the young adult. This was evidenced in the use of social stories to ensure they understood the information being given to them around independent living.

The allocated aftercare worker advised inspectors that they had provided a comprehensive social history when the young adult was admitted and this included all medical and health information. Inspectors found that the young adult's immunisation passport and their social history was on the care record. In interview staff stated that they were provided with all necessary medical and health

information on admission to appropriately develop placement plans and identify goals.

All young people in the centre had access to either their own general practitioner or they were assisted in identifying a GP closer to the centre during their time living there.

After care planning meetings were held between the staff in the centre and the allocated aftercare worker to assess all aspects of the placement and to determine if additional specialist services were required to meet the individual needs of the young adult. This was confirmed by the allocated aftercare worker for one young adult.

Inspectors reviewed the medication management policy. This was updated within the last twelve months and was in line with legislative and regulatory requirements. The centre had a good relationship with the local pharmacist who gave annual briefings to staff on the use of both over the counter and prescription medications, the impact of certain medications on a person's general presentation and advice on working with the young people towards managing their own medication. The centre also had one staff member who was responsible for carrying out a monthly audit on all medication held and this was reviewed by the centre manager during their centre audit.

Standard 4.3. Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

As each of the young people in the centre were over the age of 18 years, there was no legislative requirement for them to attend an educational placement, however it was a requirement of the admissions criteria that each young adult have an educational placement. Inspectors found, through a review of team meeting minutes and in interview with staff, that there was an emphasis in the centre on supporting the young people to achieve their potential in learning and development. One young adult who spoke with inspectors advised that they had an interest in writing and this was supported by the staff in the centre and they were given access to a space to write in and to a laptop.

There was evidence in team meeting records of staff attending meetings with education and training placements, identifying the issues that place the educational placements at risk and how they were to support the young people to be able to sustain the course. In interview staff noted that they walk one young adult to and

from the bus stop to support them in getting to their educational placement, another young adult identified that they felt alone and isolated at lunchtime so a staff member met them for lunch to support them in staying at the course.

Inspectors found copies of one young adult’s educational achievements on their care record alongside copies of assessment reports completed.

Staff advised that where a young person was temporarily not attending a course, they completed work on their independent living skills as a substitute. This was confirmed for inspectors by one young adult who advised inspectors that they had been suspended from their course and would be doing work on their living skills with staff while they were out of their educational placement.

Compliance with Regulation

Regulation met	Regulation 10 Regulation 12
Regulation not met	None identified

Compliance with standards

Practices met the required standard	Standard 4.1 Standard 4.2 Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	None identified		