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: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Huruma Ltd.**
Registered Capacity:	**Eight young adults**
Type of Inspection:	**Announced**
Date of Inspection:	**15th, 18th & 19th October 2021**
Registration Status:	**Registered from the 03rd November 2019 to the 03rd November 2022**
Inspection Team:	**Joanne Cogley** **Linda McGuinness**
Date Report Issued:	**12th November 2021**

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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 18 years and 23 years. Where a referral for a young person under 18 is received, if it is deemed in the best interest of this young person to benefit from a transitional placement before their 18th Birthday then the Alternative Care Inspection and Monitoring Service derogation process will be utilised.

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 those young people 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 for the purpose of the standards being examined.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.2
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 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 registered provider, senior management, centre manager on the 5th November 2021. 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 9th November 2021. This was deemed to be satisfactory.

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: 101 without attached conditions from the 03rd November 2019 to the 03rd November 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 management structure within the centre comprised of a centre manager and three social care leaders. This management structure was appropriate to the size, purpose and function of the centre. The centre manager was appointed to their role in February 2021 and had been working in the centre since 2003. Social care leaders had been working in the centre since 2000, 2002 and 2003 respectively. During the course of inspection it was evident that leadership was demonstrated by the centre manager. This was supported through interview with staff members who stated that the centre manager was approachable and supportive. Where the centre manager took annual leave, the service manager covered in their absence. There was a clear delegation log in place whereby all staff were assigned tasks as part of their roles and responsibilities and these tasks were reviewed and followed up in team meetings and supervisions. The centre manager was identified as the person in charge with overall accountability for the day to day running of the service.

There were clearly defined governance structures within the centre. All staff interviewed were aware of all management levels within the organisation and were clear on their respective roles and responsibilities. Staff members were of the opinion that both the service manager and members of the board of management were available to them and they felt comfortable should they need to approach them. All staff members interviewed confirmed they had received job descriptions and contracts and there was evidence of this on personnel files.

Inspectors saw evidence that actions requiring attention from inspections carried out in 2020 had been discussed at management meetings. Appropriate action was taken and resources to address issues were shared in consultation with Tusla. One of these issues was a requirement to implement more robust governance systems. The service manager now completed quarterly audits, the centre manager completed monthly

audits and the organisation had an external auditor who completed audits benchmarked against the national standards on a twice yearly basis. There was evidence of audit findings being discussed at management meetings and staff interviewed were confident in relaying learnings from audits and recent inspections.

The centre's policies and procedures were noted to have been updated in April 2021. Policy review was completed on an annual basis and approved by the board of management. There was evidence of policies being discussed at team meetings where changes occurred and also to review the effectiveness of implementation. Staff members had completed an e-learning module of training in the National Standards for Children's Residential Services.

The centre had procedures in place for designated people to contact in case of an emergency and operated an effective on call system through their consultation policy. The service manager confirmed there were appropriate service level agreements in place with Tusla and the HSE and there was evidence of regular meetings occurring to review these service level agreements with the relevant representatives.

The centre had a risk management framework in place. Staff interviewed demonstrated knowledge of how to calculate risk and implement control measures, The service manager held a risk register which contained all live risks for the centre and the young people. From a review of team meetings and management meetings it was evident all relevant risks were identified on this register with adequate control measures implemented in an attempt to reduce the rating associated with each individual risk. The service manager maintained oversight of this with the board of management reviewing risk at their meetings six times yearly.

One young adult provided inspectors with consent to review their care file in the context of risk management. From review it was evident the centre had implemented a pre-admission impact risk assessment. This accounted for the potential impact the referred young person may have but also the impact of current residents on the referred young person. Inspectors found the 'preventative measures' section was not being fully utilised. Whilst it identified areas of risk, for example, dynamic issues between peer groups, there were no identified preventative measures highlighted. Due to only being permitted to review one of four care files, inspectors were limited in their judgement of this area. There were a number of individual risk assessments on file which accounted for areas of vulnerabilities associated with the young adult. There was evidence of the individual risk assessments being reviewed by the staff team on a regular basis for effectiveness.

Inspectors spoke with the centre manager and staff in relation to the ongoing Covid-19 pandemic and found evidence of a number of measures that were put in place by the organisation in response to the crisis. Staff members confirmed they had full access to PPE, cleaning materials and sanitiser as required. A covid-19 crisis response team had been developed which consisted of the service manager, centre manager and health and safety representative. They met on a regular basis with ongoing review of risk management and public health guidance. Inspectors noted that visitor protocols were followed when they attended on site for the inspection process.

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

Compliance with standards	
Practices met the required 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

- **No actions required**

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.

The centre staff team comprised of a centre manager and three social care leaders together with four social care workers. The average length of service of contracted staff members was thirteen years. All staff members were appropriately qualified with a number obtaining additional qualifications supported by the organisation throughout their years of service. The centre utilised six relief social care workers, all

of whom were appropriately qualified and with an average length of service within the organisation of two years. All relief staff had extensive experience in social care prior to joining the organisation. Workforce planning was evident within the centre. It was discussed at management meetings and took account of annual leave, sick leave and study leave. Recruitment for the relief panel was ongoing to ensure adequate supply of staffing at all times. The organisation had reviewed their statement of purpose in March 2021 and an agreement was reached with Tusla Alternative Care Inspection Management that a derogation would be sought for the placement of under 18s should it be required. Referring parties would be required to provide additional funding for staffing for under 18s.

The organisation had a procedure for on call arrangements in the evenings and weekends. This was supported by a staff consultation policy. Staff members interviewed highlighted this process was effective and they received adequate support if they contacted the service manager or centre manager.

The organisation had arrangements in place to promote staff retention through the provision of a health insurance scheme, pension scheme and salary increments. The centre also supported a wellness programme and provided therapeutic outlets for staff where required. Staff members were clear in identifying the culture supported by management was a significant contribution to staff retention.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 6.1**
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

- **No actions required**

4. CAPA

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