



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: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Huruma Ltd</b>
<b>Registered Capacity:</b>	<b>Eight young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of Inspection:</b>	<b>15<sup>th</sup>, 16<sup>th</sup> &amp; 17<sup>th</sup> August 2022</b>
<b>Registration Status:</b>	<b>Registered from the 03<sup>rd</sup> November 2022 to the 03<sup>rd</sup> November 2025</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> November 2022</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 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 three of the cycle. The centre was registered without attached conditions from 03<sup>rd</sup> November 2019 to the 03<sup>rd</sup> 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 18<sup>th</sup> birthday then the Alternative Care Inspection and Monitoring Service derogation process is 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 people living in the centre, two of whom were under eighteen and two were over eighteen. One of the young people over eighteen provided written consent for their files to be reviewed for the purpose of the standards being examined.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.2, 2.3

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 registered provider, senior management, centre manager on the 27<sup>th</sup> September 2022. 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 11<sup>th</sup> October 2022. 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 03<sup>rd</sup> November 2022 to the 03<sup>rd</sup> November 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care practices and operations policies**

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

Inspectors found from interviews and a review of centre records that the young people's views and preferences were listened to and responded to through several forums including regular community meetings and in their daily interactions with the staff team and management. Young people that spoke with inspectors were satisfied that they were consulted, and their views were considered in relation to all aspects of their care. Staff interviews and centre records evidenced that there was a culture of openness and transparency within the centre. Young people's issues and concerns including complaints were a standing agenda item at team meetings and a designated staff member was responsible for ensuring that relevant complaints information was shared with the staff team.

The centre had a written complaints policy and procedure in place which had been updated and revised in April 2022. The policy outlined a four-stage process for resolving complaints including an external appeals process to the children's ombudsman. Young people informed inspectors that they were made aware of the complaints process on admission by their keyworkers and were provided with written information in the centre's welcome pack. Information on the complaints process was also available in the young people's rooms and there was a notice board in the kitchen area with information on a number of advocacy services including EPIC (Empowering People in Care). Inspectors noted that the centre's information booklet did not reflect the newly revised complaints process and recommend that this should be updated accordingly. Information on the centre's complaints process was provided to parents and social workers during the admission process.

Young people in interviews and questionnaires confirmed they were satisfied that any complaints they made had been resolved satisfactorily. All the young people stated that they could talk to staff or management if there was an issue, and it would be addressed in a fair and open manner. The centre maintained an "issues and concerns log" which recorded young people's complaints. The complaints process allowed for a

first stage local resolution and inspectors found that this was the most commonly utilised approach. The centre had a complaint form template for those who wished to make a written complaint and there was one written complaint on file in the period under review. Inspectors were satisfied that this complaint was well managed by the centre manager and the young person in interview confirmed they were satisfied with the outcome. In addition to the complaint form there was an accompanying complaint checklist which evidenced that the complaints process had been followed and all relevant persons including the young person's social workers had been informed of the process and outcome. Two allocated social workers interviewed during the inspection reported that their young people had only been in the centre for a short period, and they had not been notified of any complaints to date. The social workers had visited the centre and both young people confirmed to them that they were very satisfied with the care they were receiving and raised no concerns in relation to their care.

The centre manager conducted monthly audits which included an overview of young people's complaints. Inspectors reviewed a sample of these audits and found evidence of complaints being reviewed, trends/patterns being identified, and plans in place to resolve these issues. The service manager had also conducted a number of audits under the themes of the National Standards for Children's Residential Centres, 2018 (HIQA) in the year prior to inspection during which they reviewed a sample of complaints and spoke with the young people to gain feedback on the effectiveness of the complaint's procedure. In these audits, staff were found to be addressing complaints in a timely manner and the young people were satisfied with complaint outcomes.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 16</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.6</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all aspects of this standard were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all aspects of this standard were assessed</b>

## **Actions required**

- None identified.

### **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.**

Three care files were reviewed during the inspection, two of which were for young people under eighteen and one over eighteen. Due to the nature and age profile of the service provided there was no requirement for statutory care plans for all the young people. Inspectors found that the care plan on file for one of the young people who was under eighteen and admitted to the centre a month prior to the inspection was out of date. Inspectors were informed by the service manager that a care plan review had been scheduled and this was confirmed in interview by the young person's social worker.

All the young people had up-to-date placement plans on file which were developed following a centre needs assessment. Placement plan meetings took place on a regular basis in time frames based on the needs of the young people and there was evidence of the centre working in partnership with social workers, aftercare workers and other professionals in the best interest of the young people. The expectation was that young people would attend their placement plan meetings and this was generally the case. The young people confirmed to inspectors that they were consulted and involved in the placement plan process and in decisions around their care. In situations where young people chose not to attend their placement plan meetings staff had conducted person centred planning meetings to get the young person's input. Each young person had a keyworker and a support keyworker who developed their placement plans. Key working plans were in place and ongoing work was evident on file in supporting the young people in their daily lives as well as developing their independent living skills. Inspectors found that the placement plans were of good quality and there were regular case management meetings taking place to review the young people's progress and to plan for the future. The minutes of these case management meetings were handwritten; inspectors recommended typing up these minutes and summarising the identified actions to support tracking and review.

Inspectors found that the centre made every effort to access external specialist supports for the young people identified in their placement plans. The centre had built strong links with a number of local specialist services and had access to counselling and psychology services who worked with the young people and provided guidance to the team.

From a review of the care records there was evidence that there was good communication between the centre management, staff and aftercare / social workers. Social workers interviewed confirmed that they were kept updated on the young people's progress and the centre was proactive in meeting the needs of the young people.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>None Identified</b>
<b>Practices did not meet the required standard</b>	<b>None Identified</b>

#### **Actions required**

- None Identified

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

The centre's accommodation was located in a purpose built modern two storey building with a small garden to the rear and parking facility at the front. Inspectors were satisfied that the premises was fit for purpose and suitable for providing safe and effective care for the residents. The centre had undergone significant renovations in the previous two years which had enhanced the living and working environment. The renovations included the replacement of windows, the installation of new flooring, repainting, and the addition of new furniture and furnishings. At the time of inspection, the centre's bathrooms were being renovated. These works complemented the homely and comfortable atmosphere in the centre.

All the young people had their own bedrooms which had been refurbished as part of the upgrading of the premises. The young people who spoke to the inspectors said their bedrooms were decorated according to their tastes and they had adequate storage space. Young people and staff also confirmed that the redecoration of the centre was a team effort in terms of choosing the décor and purchasing new furniture and other items for the centre. Inspectors were satisfied that the young people had sufficient communal spaces for relaxation, recreation, and privacy in the centre. Since the last inspection the centre's rear garden had been developed. This redesign included a number of additional features including a seating area, paved patio, wildflowers and a pergola projector. This was a great addition to the centre and provided an additional space for the young people to relax in. The social workers interviewed during the inspection were very complimentary of the premises and the homely atmosphere in the centre.

The service maintained a record of maintenance work carried out in the centre. The evidence provided to inspectors showed that overall maintenance issues were dealt with in a prompt manner.

Inspectors reviewed the fire safety records and found that there were appropriate fire safety checks carried out by the staff team to ensure the centre was fire compliant. Inspectors conducted a walk-through of the building and noted that fire safety systems were in place including a fire alarm, fire blanket and fire extinguishers. The organisation had a contract in place with external fire consultants for the regular servicing of the alarm and firefighting apparatus. Regular fire drills were conducted and all young people had a PEEP (personal evacuation emergency plan) detailing the necessary information required to evacuate the building or reach a place of safety in the event of an emergency. New staff were informed of the fire procedure as part of their induction to the centre. The centre had two staff members with designated responsibility for fire safety who conducted monthly audits and any identified actions were addressed. Training in fire safety was provided by one of the staff and externally by fire consultants. All the staff were trained in fire safety and first aid, and a number of young people had also participated in inhouse fire training. Details of all staff fire training was recorded in the center register. At the time of inspection, a new centre manger had been appointed and the fire register needs to be amended to reflect this.

The centre had a comprehensive health and safety statement which was signed by all staff. As with the fire register this needs to be amended to reflect the recent change in centre manager. Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The centre had a system in place for the reporting and recording of accidents and inspectors were satisfied that the accidents recorded on file were recorded and responded to appropriately. Two staff members had responsibility for health and safety and there was evidence that all staff were aware of their role. There was evidence of regular checks in relation to health and safety and evidence of increased safety measures and protocols in place for the management of Covid 19.

The centres health and safety statement included environmental risk assessments. However, inspectors found that there were a number of risks arising from the upgrading of the premises and the ongoing building works in the centre that were not identified. At the time of inspection, inspectors identified several physical hazards during a walkthrough of the premises while building contractors were onsite. The inspectors found that there were no risk assessments in place for these building works and the risks associated with having external contractors on site for several weeks. The registered provider must review the centres health and safety statement to ensure that all environmental risks are identified along with appropriate control measures and evidence that they are subject to regular review.

There were two vehicles on site used to transport the young people which were taxed and insured.. There was a record kept of maintenance works and evidence that the cars were being checked regularly. Inspectors checked a sample of personnel files and found that staff that were permitted to drive the staff cars had the required full licence.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The registered provider must review the centres health and safety statement to ensure that all environmental risks are identified along with appropriate control measures and evidence that they are subject to regular review.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<b>1</b>	None identified		
<b>2</b>	The registered provider must review the centres health and safety statement to ensure that all environmental risks are identified along with appropriate control measures and evidence that they are subject to regular review.	The registered provider will review the current health and safety statement with the Health & Safety officer and centre manager to ensure that all environmental risks are identified and reviewed monthly.	The current Health & Safety will be reviewed by the end of 2022. The person in charge, Health & Safety officer and centre manager will review all environmental risks monthly and these reviews will be recorded in the manager's monthly audit.