




**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: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Huruma Ltd</b>
<b>Registered Capacity:</b>	<b>Eight young people</b>
<b>Dates of Inspection:</b>	<b>08<sup>th</sup> &amp; 09<sup>th</sup> of August 2019</b>
<b>Registration Status:</b>	<b>Registered from the 03<sup>rd</sup> of November 2019 to the 03<sup>rd</sup> of November 2022</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>25<sup>th</sup> October 2019</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 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 their fourth registration and in year three of the cycle. The centre was registered without attached conditions from 03<sup>rd</sup> of November 2016 to the 03<sup>rd</sup> of November 2019.

The centre's purpose and function was to provide an aftercare service for up to eight girls and young women between the ages of 16 and 23. The centre worked in partnership with Tusla and the aim of the service was to equip each young woman with skills for independent living and adulthood, to identify each young woman's needs and help plan for the future. At the time of inspection there were three young women living in the centre, all of whom were over eighteen years of age. The inspectors contacted the young adults in advance who provided written consent for their files to be reviewed as part of the inspection process.

The inspectors examined standards 2 'management and staffing', standard 8 'education', standard 9 'health' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 08<sup>th</sup> and 09<sup>th</sup> of August 2019.

## 1.2 Methodology

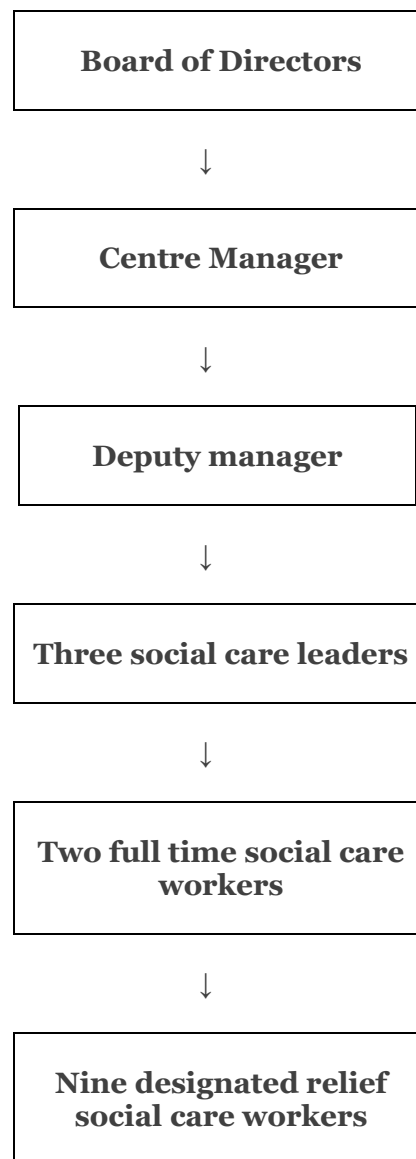
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) The centre manager
  - b) The deputy manager
  - c) Three social care leaders
  - d) Five social care workers
- ◆ An examination of the centre's files and recording process including:
  - The young adult's care files
  - Staff supervision records
  - Personnel files
  - Handover book
  - Management meeting records
  - Staff team minutes
  - Health and safety records
  - Fire safety records
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The deputy manager
  - c) The chairperson for the board of management
  - d) Two social care staff
  - e) Two young adults
- ◆ Observations of care practice routines and the staff/young people's interactions

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.

## 1.3 Organisational Structure



## **2. Findings with regard to Registration Matters**

A draft inspection report was issued to the centre manager and the relevant social work departments on the 3<sup>rd</sup> September 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 14<sup>th</sup> October 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan 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 3<sup>rd</sup> November 2019 to the 3<sup>rd</sup> November 2022 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### ***Standard***

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Register**

The inspectors found that the centre register was up to date and contained all relevant information as to the admission, discharge and personal details of the young people. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

##### **Notification of Significant Events**

The centre maintained a significant event register. There was evidence that the centre management had oversight of significant events and that significant events were reviewed at team meetings. The inspectors were satisfied that there were systems in place to ensure that significant events were notified promptly to the Child and Family Agency in accordance with the standards.

##### **Training and development**

Inspectors reviewed the training files for staff members and noted that training was up to date and completed. Staff had received the required training in a recognised model for de-escalation of behaviour and physical interventions and there was evidence of regular refresher training programmes occurring. Training had also been provided in fire safety, manual handling, first aid and the e-learning programme for Children's First: National Guidance for the Protection and Welfare of Children, 2017. Copies of the staff team's training certificates were evident on file. There was a clear training plan in place for the following six months.

##### **Administrative files**

The administrative files were examined by the inspectors and the key records were evident. The recording system was well organised and accessible so that it facilitated

planning, effective management and accountability. There was evidence that the manager was monitoring the records. The centre had clear financial management systems and records that were adequate for the day to day running of the service.

### **Staffing**

In addition to the manager and deputy manager, the centre had a staff team of three social care leaders, two full time social care workers and nine designated social care relief workers. All staff members were noted to be qualified in a recognised social care degree or relevant equivalent. The average length of service of the full time staff team is sixteen years and the average length of service of the designated relief staff team amounts to four years. From interview with one young adult it was noted by them that there were good relationships with the staff and young people and due to the low level of turnover meaningful relationships could be built. The centre employs the services of two psychologists to support the team and young people and it was noted that the team were due to complete a course with one psychologist in relation to effective communication styles with the young people.

Inspectors reviewed a sample of five staff files and one volunteer file and found all vetting measures to have been carried out appropriately. Reference checks and Garda vetting had been completed along with evidence on file of qualifications, licences, application forms and training certificates. There was evidence also of the centre manager oversight on files and they verified all references themselves. Induction checklists were completed on staff files. Although the majority of staff members were working in the service for a significant period of time, inspectors did meet with a newer staff member who confirmed they had received a full two day induction prior to undertaking any shifts in the service.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Supervision and support**

The centre had a supervision policy in place which stipulated that supervision was to occur every two months with all staff members. Inspectors reviewed a sample of supervision files and found that supervision was occurring within the timeframes set out under the policy. Inspectors did note a lack of discussion around placement planning and key working for the young adults however there was good operational discussions occurring which included policy review and implementation. The centre

manager should review the supervision record template to ensure there is adequate area for discussion on placement planning for young people.

The centre manager and chairperson informed inspectors that the centre manager did not receive any formal supervision from the board of directors. The centre manager received supervision from a source external to the company and the chairperson noted they did not receive copies of this supervision. The source of external supervision was the previous centre manager who has since retired from the service. There was no formal mechanism in place internally in which to discuss the centre manager's accountability or oversight of care practices and one is required.

The centre had an on call procedure in place but this was not supported by an on call policy. The procedure included the centre manager being on-call every night and every weekend, including during periods of annual leave. Where they were not available, the deputy manager would participate in the on-call system. Inspectors noted this to be unsustainable in the long term and this could lead to management burnout. The board of directors must review the current on call system to allow centre management appropriate rest periods between working hours. The board of directors must ensure the on call system is formalised through policy development.

Team meetings were held on a fortnightly basis attended by staff members and management. From a review of the last eight team meetings, it was found that all staff members were in attendance regularly. There was a rotating chair for all meetings and a set agenda for discussion with areas for addition from staff members. Handover was completed daily with both the outgoing and incoming team present. Inspectors attended handover during the course of inspection and found it to focus on planning for the young people and included updates on meeting goals and targets of plans for the young people.

### **3.2.3 Practices that did not meet the required standard**

#### **Management**

The centre had a full time manager who had been recently appointed to the post and who was deemed to be appropriately qualified. They had seventeen years' experience in social care, twelve of which were in management positions and were supported in their role by a deputy manager who had been in the service for twenty two years and had extensive experience in residential care settings. The centre manager was clearly

identified by the staff and young people as the person in charge and it was evident that they provided a positive leadership role to the staff. The manager was present during normal working hours and had overall responsibility for the day to day running of the service. They reported to the board of directors, specifically the chairperson, who both confirmed they were in regular contact with each other daily via telephone communication.

The manager attended board meetings and these occurred approximately eight times a year. At these meetings the manager provided a report which gave an overview of areas which included young people's progress, HR issues, staffing, training, funding and safeguarding. These reports provided updates to the board however did not demonstrate an identification of need in any of the named areas. This was the only mechanism for oversight of the service being provided. The chairperson confirmed that they had, at times, visited the centre, mainly to attend board meetings, however visits were on an ad hoc, informal basis and there was no formal structure for external oversight. The chairperson would speak with the manager when they visited but had no formal process for meeting with staff members or the young adults. There was no system for auditing the quality of care being provided, either internally or externally. The board of directors must ensure a formal audit structure is implemented to ensure quality assurance with both internal and external oversight evident.

From a review of files there was evidence of the manager's oversight on same and this was linked into discussions at team meetings and supervisions also. The manager attended handover on a daily basis to ensure accountability and oversight. The manager also informed inspectors that at the time of inspection they were developing an internal auditing system which was intended to be used on a quarterly basis to assess the quality and effectiveness of the service being provided to the unit. The centre manager must ensure this auditing system is implemented.

The chairperson of the board of directors and the centre manager must ensure that there are suitable and appropriate mechanisms to oversee and audit the outcomes for young people and the care being provided in the centre.

#### **3.2.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996***  
***-Part III, Article 5, Care Practices and Operational Policies***  
***-Part III, Article 6, Paragraph 2, Change of Person in Charge***  
***-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***  
***-Part III, Article 16, Notification of Significant Events.***

### **Required Action**

- The board of directors must ensure a formal audit structure is implemented to ensure quality assurance with both internal and external oversight evident.
- The centre manager must ensure the new auditing process for oversight is implemented.
- The centre manager should review the supervision record template to ensure there is adequate area for discussion on placement planning for young people.
- The chairperson of the board of directors and the centre manager must ensure that there are suitable and appropriate mechanisms to oversee and audit the outcomes for young people and the care being provided in the centre.
- The board of directors must review the current on call system to allow centre management appropriate rest periods between working hours. The board of directors must ensure the on call system is formalised through policy development.

### **3.8 Education**

#### ***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

As part of the centres admission criteria it was a requirement that all young people in placement must have attended some form of education. Should a young person have lost their placement after they were admitted to the centre then there was a focus on securing alternatives otherwise the young person’s placement would be reviewed and may not have progressed. All young people were made aware of this at admission stage.

There was evidence of a positive and focused approach to restoring and enhancing young people's engagement in education. One young adult recently completed first year in college, another young adult was in another formal education setting and whilst a third had been excluded for their educational placement, there was evidence that the centre was actively working with them to find an alternative.

Inspectors found that there was clear evidence of the centre maintaining links with all the young people's education settings and attending events and meetings as required. There was evidence of individual work with all young adults with particular focus on the importance of education and the avenues it can open for them in later life. One young adult had had an educational assessment completed and there was evidence of this being communicated and discussed with their school placement to ensure the correct supports were in place.

The inspectors spoke to the young adult who recently completed their first year in college. They informed the inspectors that they were supported through their leaving cert in the year previous and the centre had provided extra funding for grinds in certain subjects to ensure they obtained adequate results in their exams. They also informed inspectors that they were supported throughout their first year in college which included assistance to complete assignments. For this young adult there was clear communication between school and centre with a collaborative approach being maintained.

### **3.8.2 Practices that met the required standard in some respect only**

None identified

### **3.8.3 Practices that did not meet the required standard**

None identified

### **Required Action**

- None required

### **3.9 Health**

#### ***Standard***

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

### **3.9.1 Practices that met the required standard in full**

Inspectors noted that it was reported that the young adults were in general good health. All young adults had access to a general practitioner and had received a medical examination on admission with annual check-ups occurring also with dentists and opticians. All young adults had medical cards and immunisation records on their files and there was evidence of written consent on file from young adults in relation to communication and treatment. There was evidence that the young adults had access to medical and specialist services and records of the administration of medications were maintained.

Inspectors found that health education was undertaken by key workers in a number of areas including diet, exercise and sexual health. The centre also obtained the services of a psychologist as required for additional support to the young people and as a form of education to the staff team. The centre had built up close links with a mental health based group who offered significant support to both the staff team and young people in the centre.

One young person in service was preparing to move to independent living and there was clear evidence on file of them being prepared particularly in relation to the self administration of medication. Two young people were noted to have been on various forms of medication. It was highlighted to inspectors that the staff team had not received formal training in the administration of medication; instead they had received a briefing from a local pharmacist in relation to the potential side effects of the prescribed medication. Given the high level of medication one young person in particular was on, inspectors recommend the team engage in a formal recognised training programme for the safe administration of medication.

### **3.9.2 Practices that met the required standard in some respect only**

None identified

### **3.9.3 Practices that did not meet the required standard**

None identified

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).***

#### **Required Action**

- None required.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

##### **Safety**

The centre had a policy in place in relation to health and safety and also had a health and safety statement which was reviewed annually and made management and staff aware of their obligations to health and safety in the workplace. The centre also had an assigned health and safety officer who oversaw the day to day compliance. There were adequate risk assessments in place that covered all eventualities. Inspectors reviewed staff training and found all staff members had the relevant first aid training.

Inspectors examined the centre cars whilst on site and found them to be clean, taxed and insured and contained first aid boxes in the event of an emergency. Inspectors also reviewed driving licenses and insurance details for the centre vehicle and found these to be in order.

Inspectors noted that medicines were safely stored in a secure cabinet to which young people did not have access to. This was stored in the staff office and there were no issues with the recording of the administration of medication.



## **Fire Safety**

This centre had obtained written certification regarding its fire compliance before beginning operations. The centre had an active fire and general register in place which had been kept adequately up to date. There were floor plans evident in the entrance hall of the centre with identified means of escape and there was a fire assembly point evident at the front and rear of the house.

Inspectors noted that fire drills were being conducted in line with the centres policy, as were checks on fire fighting equipment, emergency lighting and the fire alarm system. From a review of the training certificates held on file, inspectors found that staff members had up-to-date fire safety training.

### **3.10.2 Practices that met the required standard in some respect only**

#### **Accommodation**

The centre was located in a purpose built modern two storey building with a small garden to the rear and parking facility at the front. The centre was in good structural repair. It was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre was adequately furnished and decorated and there was a pleasant ambience within it. Young people had their own bedrooms and the rooms viewed by the inspector were decorated and furnished appropriately to their own taste. The rooms were noted by staff and young people to be small however inspectors note this is not something that can be rectified by the service. Each young person had access to a key for their own room should they wish to use it and had adequate space for their personal belongings. The centre also had an allocated visitor's room which was furnished with sofas and bean bags to create a private space should residents wish to use it. The inspectors did note that the bathrooms were outdated and require refurbishment with the inclusion of new showers and furnishings. The windows were all timber framed and there was one area in particular at the back of the house where the frame was disintegrating and falling apart. Window frames need to be upgraded as a matter of priority. The centre was adequately insured and copies of same provided to inspectors.

#### **Maintenance and repairs**

The centre had a system in place whereby all maintenance issues were recorded in a maintenance register. Any issues were then brought to the attention of the centre manager and a plan was made for repairs. Inspectors were satisfied that when day to

day issues arose they were rectified in a prompt manner. There were however outstanding maintenance issues that needed to be rectified which included windows and bathrooms. The centre manager stated that action had not been taken on these issues due to insufficient funding. While the centre manager demonstrated awareness of the maintenance programme required in order to ensure the structural and decorative order of the unit was maintained, funding was not available to the centre in order for these works to be carried out. As noted above inspectors found the window frames to be in a bad state of repair and they required replacement as a matter of priority. The centre manager oversight was evident however there was no evidence of external line managers routinely monitoring the premises to ensure the maintenance of standards and safety. A system for external monitoring of maintenance needs to be implemented by the board of directors.

### **3.10.3 Practices that did not meet the required standard**

None identified

### **3.10.4 Regulation Based Requirements**

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,  
*-Part III, Article 8, Accommodation*  
*-Part III, Article 9, Access Arrangements (Privacy)*  
*-Part III, Article 15, Insurance*

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,  
*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*  
*-Part III, Article 13, Fire Precautions.*

### **Required Action**

- The board of directors must ensure the window frames are replaced, in particular the large ones at the back of the house.
- The board of directors must ensure bathrooms are refurbished and upgraded.
- The board of directors must implement a system for external monitoring of maintenance including a programme of maintenance and capital works and ensuring funding is available for same.

## 2. Action Plan

Standard	Issues Requiring Action	Response with timeframes	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The board of directors must ensure a formal audit structure is implemented to ensure quality assurance with both internal and external oversight evident.</p> <p>The centre manager must ensure the new auditing process for oversight is implemented.</p>	<p>Process will begin in the last quarter of 2019.</p> <p>The process has begun however and a first audit will be completed by December 2020</p>	<p>An appropriately qualified social care professional will be asked to conduct these quarterly audits on the service. Approaches have been made to two individuals and we are awaiting responses in relation to their availability. If they are not available another candidate will be sourced to ensure the first audit is completed by the end of 2019. This person will then report to the board on their findings at board of directors meetings to ensure accountability and oversight.</p> <p>Centre manager is currently developing an audit tool linked with the new HIQA standards and is currently sourcing other tools to ensure we meet the highest standard and capture the 8 themes accordingly.</p>

	<p>The centre manager must review the supervision record template to ensure there is adequate area for discussion on placement planning for young people.</p> <p>The chairperson of the board of directors and the centre manager must ensure that there are suitable and appropriate mechanisms to oversee and audit the outcomes for young people and the care being provided in the centre.</p> <p>The board of directors must review the current on call system to allow centre management appropriate rest periods between working hours. The board of directors must ensure the on call system is formalised through policy development.</p>	<p>In place</p> <p>By the end of November.</p> <p>The aim is to have this policy in place and approved following the January board meeting and sent to the inspectors once approved at board level.</p>	<p>Completed and shown to inspectors.</p> <p>A board subcommittee will meet the appointed person who will complete the audits in the service before the process begins. The board will receive quarterly reports from this person on the audit with the completed action plans.</p> <p>The on call system is not a response to crisis it is based on a consultation process. A policy to reflect this will be developed and sent to the inspectors.</p>
<b>3.8</b>	No action required		
<b>3.9</b>	No action required		

<p><b>3.10</b></p>	<p>The board of directors must ensure the window frames are replaced, in particular the large ones at the back of the house.</p> <p>The board of directors must ensure bathrooms are refurbished and upgraded.</p> <p>The board of directors must implement a system for external monitoring of maintenance including a programme of maintenance and capital works and ensuring funding is available for same</p>	<p>It is not envisaged that this will be done by the end of the year however; we hope to have one bathroom fully renovated by the first quarter of next year.</p> <p>We will continue to work on each item proactively over the year.</p>	<p>The Board are aware that these items need replacing and the fundraising subcommittee have this on their remit.</p> <p>We have had a number of contractors in to quote for the work needed and are awaiting these quotes.</p> <p>In consultation with the child care area manager around the funding needed he has advised us to application for a capital fund through their department.</p> <p>We have also applied to the national lottery fund and we continue to fundraise.</p>
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