



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

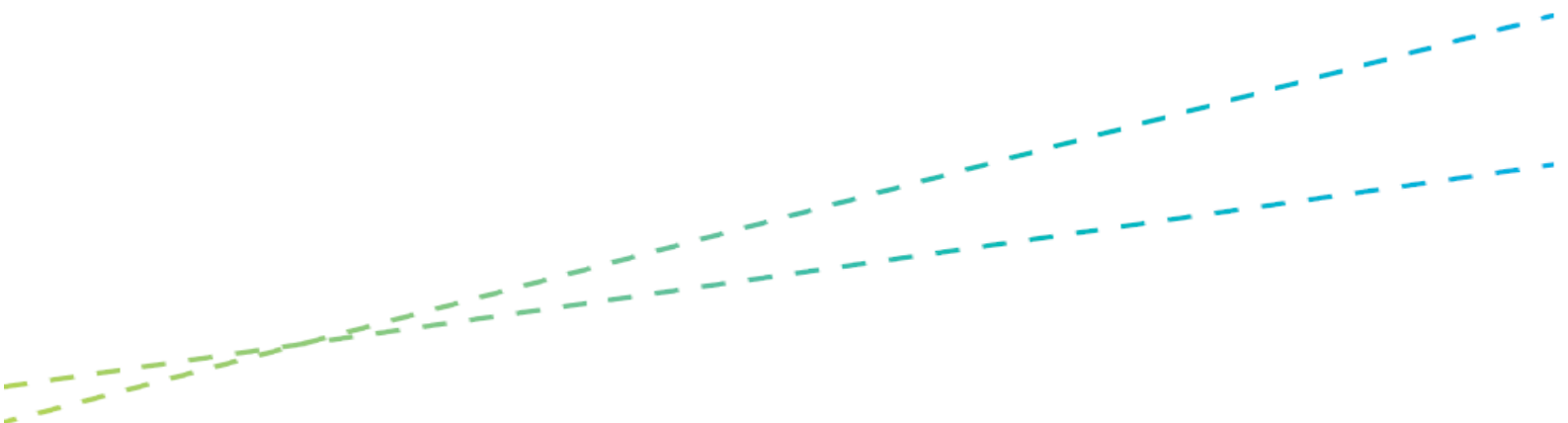
## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number:** 101

**Year:** 2018

**Lead inspector:** Paschal McMahon

Two parallel dashed lines, one light green and one light blue, curve upwards from the bottom left towards the right side of the page.

Registration and Inspection Services  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 - D15 CF9K  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Huruma Company Limited by Guarantee</b>
<b>Registered Capacity:</b>	<b>Eight young people</b>
<b>Dates of Inspection:</b>	<b>30<sup>th</sup> of May and the 1<sup>st</sup> of June 2018</b>
<b>Registration Status:</b>	<b>Registered from the 3<sup>rd</sup> of November 2016 to the 2<sup>nd</sup> of November 2019</b>
<b>Inspection Team:</b>	<b>Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>05<sup>th</sup> October 2018</b>

# Contents

<b>1. Foreword</b>	<b>5</b>
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>9</b>
<b>3. Analysis of Findings</b>	<b>10</b>
3.2 Management and Staffing	
3.4 Children’s Rights	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>20</b>

## 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 ongoing 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 ongoing 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 were in their fifth registration and were in year two of the cycle. The centre was registered without conditions attached from the 3<sup>rd</sup> of November 2016 to the 2<sup>nd</sup> of November 2019.

The centres 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 five young women living in the centre, all of whom were over eighteen years of age. The inspector examined standards, 2 'management and staffing', standard 4 'children's rights', standard 6 'care of young people', standard 7 'safeguarding and child protection' 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 30<sup>th</sup> of May and the 1<sup>st</sup> of June 2018.

## 1.2 Methodology

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

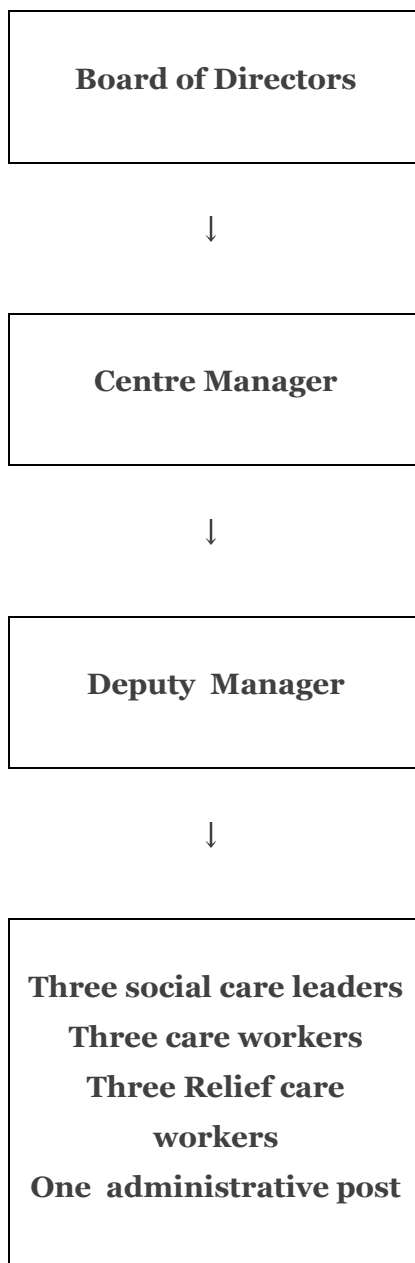
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) The centre management
  - b) The chairperson of the board
  - c) Eleven staff members
  - d) Three young people residing in the centre
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process including:
  - Young people's care files
  - Supervision records
  - Centre register
  - House meeting minutes
  - Staff team minutes
  - Complaints register
  - Medication records
  - Health and safety folder
  - Fire register
  - Maintenance log
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The centre deputy manager
  - c) Two staff members
  - d) One young person formally and one informally
  - e) One social worker with responsibility for the young people residing in the centre

- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspector 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, child care manager and the relevant social work departments on the 14<sup>th</sup> of September 2018. The centre provider was required to review the report for any factual inaccuracies and return it to the inspection service by the 28<sup>th</sup> September 2018. The centre manager returned the report confirming there were no factual inaccuracies on the 2<sup>th</sup> October 2018.

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 conditions attached from the 3<sup>rd</sup> of November 2016 to the 3<sup>rd</sup> of November 2019 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

##### **Management**

The centre manager had been in post for over eighteen years and had a qualification in social care as well as having completed various relevant additional studies supported by the organisation throughout their tenure in this role. They were clearly identified by staff and young people as the person in charge and it was evident that they provided a strong and positive leadership role to the staff team. The inspector found that there were various mechanisms in place through which the manager had oversight of practices in the centre and ensured staff accountability such as the review of young people's records, briefings from staff coming off shift, attended shift hand overs on a regular basis, supervised a number the staff team, and was available to staff and young people on a daily basis. The manager in interview was very familiar with each young person and their individual needs and circumstances. The manager was supported in their role by a deputy manager who was based in the centres outreach service and acted up in the manager's absence. The deputy manager was also a highly qualified professional with extensive experience in residential care.

In relation to external management oversight, there were a number of systems in place which ensured accountability and governance. The centre manager met with the chairperson of the board of directors on a regular basis and reported to the board of directors at least seven times a year. The manager compiled a detailed report which was submitted to the board and board meetings took place within the centre. The board also ensured that the management and staff complied with all statutory requirements for the care of young people. All policies and procedures, care practices, financial, human resource and health and safety compliance were reviewed regularly.

## **Register**

The inspector found that the centre register was up to date and contained all relevant information as to the admission, discharge and destination 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 inspector was 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.

## **Staffing**

The staff compliment in the centre consisted of the centre manager, deputy manager, three social care leaders, three social care workers and three relief staff. The majority of the staff had worked in the centre for a number of years and had considerable experience in providing residential care. The inspector found from interviews and questionnaires that the staff were well qualified, highly trained, dedicated, and enthusiastic and committed to helping young people reach their full potential. Since the last inspection there had been two new relief staff members employed in the centre. The inspector reviewed these staff member's files and was satisfied that they had recognised qualifications in social care and had been appropriately vetted. The inspector interviewed one of the relief staff members during the inspection and was satisfied that they had received an appropriate induction which was evidenced on file.

## **Supervision and support**

The centre had a supervision policy which stated that supervision was provided on a two monthly basis for all staff. Supervision was provided by the manager, deputy manager and the three social care leaders who were all trained supervisors.

Supervision files examined contained supervision contracts which set out the terms, expectations and arrangements for supervision. The agenda was set out on a separate form that ensured that there was a close link between supervision and the implementation of placement plans. The sessions were signed and recorded by both

parties. The inspector found from a random check on a number of supervision files that they met the required standard and staff members confirmed the frequency of supervision sessions to the inspector. Staff interviewed also confirmed that extra supervision was available if required and debriefing took place following all serious incidents. Staff meetings took place fortnightly and hand over daily, both of these forums supported consistency of practice amongst the staff team and provided opportunities to discuss matters and make decisions. The inspector examined staff meeting minutes and found that meetings were well attended and all young people were discussed along with other standing agenda items.

### **Training and development**

The inspector found that there was a high level of expertise amongst the staff team. There was evidence of ongoing training and development available to the staff team and staff members the inspector interviewed confirmed that the organisation was supportive and facilitative of staff training and development needs. All staff had received the core training such as Children First, behaviour management, fire safety, first aid and behaviour management. Additional training staff received prior to the inspection included self-harm, suicide prevention and data protection. The centre was in the process of introducing a new model of care and was working towards accreditation in association with a local university.

### **Administrative files**

The inspector found that the recording systems were organised to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager. Care records and recordings relating to the young people were kept in perpetuity and the managers understood the requirements of the Freedom of Information Act and Data Protection Act.

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

None identified.

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

None identified.

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

The Child and Family Agency has 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 has 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**

None identified.

## **3.4 Children's Rights**

### **Standard**

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

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

#### **Consultation**

The inspector found good evidence of consultation with the young people. The views of the young people were sought in relation to day to day issues in informal ways as well as regular young people's community meetings. A record of these meetings was displayed on a notice board in the kitchen, recording the issues brought up at the meetings, decisions made and follow up required. Any issues raised at these meetings that could not be resolved immediately were brought to the staff team meeting for consideration. In addition to this a staff member met with young people regularly to discuss any concerns or issues they may have and recorded decisions and actions taken to address these concerns. Staff reported that this forum was used a lot to address issues in the centre at an early stage, a record of which is maintained.

The participation of the young people at care planning and review meetings was encouraged and facilitated by centre staff. A young person interviewed by the inspector and questionnaires completed by other young people confirmed that they attended placement meetings and that care staff and social workers listened to their views and took them into consideration when making decisions about their care. All young people were provided with a booklet on admission which provided information on the centre and on their rights and responsibilities. The young people in the centre

had also been visited by the children’s advocacy group EPIC (Empowering Young People in Care) and had attended a number of EPIC events.

## **Complaints**

The centre had a clear and well-developed complaints policy and procedure that recognised the right of young people to complain. The policy had been updated since the last inspection to include the “Tell us – TUSLA Feedback and Complaints policy 2016”. The staff interviewed by the inspector demonstrated a good knowledge about what to do if a young person was unhappy about any aspect of the service or of their care. Information on the complaints process was detailed on the back of each young person’s bedroom door. An examination of questionnaires completed by young people and a young person in interview confirmed they were aware of how to make a complaint and were satisfied with the responses they received. There was also information given to social workers and parents in relation to the complaints policies and procedures. The inspector found that staff in the centre were proactive in addressing issues with young people in some instances facilitating three way meetings to address issues or potential conflicts between individuals. There were no complaints on file during the period under review.

## **Access to information**

The centre had a policy on access to information and all young people were encouraged to access their records. There was a specific section at the end of the young people’s daily logs and incident forms for the young people to add any comments. Whilst examining the daily logs, the inspector noted that the young people had written comments on occasions in their daily log records.

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

None identified.

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

None identified.

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

**Required Action**

None identified.

## 3.6 Care of Young People

### **Standard**

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

### 3.6.1 Practices that met the required standard in full

#### **Individual care in group living**

The inspector found that the staff had a very positive attitude to the young people in their care. This was evident throughout all aspects of their day to day care and interventions with the young people. The interactions between staff and the young people were characterised by warmth, respect and commitment. A young person told the inspector that the staff members were kind and looked after them well. The young people had their own bedrooms which were personalised according to the taste of each young person. Birthdays and other special occasions were celebrated taking into account each young person's preferences. Each young person was encouraged to pursue their interests and to explore new hobbies while living in the centre and this was evident by the wide range of activities the young people were participating in. There was also a wide range of in house activities on offer including cooking, baking and arts and crafts.etc.

#### **Provision of food and cooking facilities**

The inspector shared a meal with a young person and staff. This was done in a relaxed and enjoyable atmosphere. The inspector found that young people were able to exercise choice and personal preferences were catered for. The food on offer was plentiful, varied and nutritious. The culture within the centre was to encourage everyone to come together at meal times. Young people were encouraged to share in the preparation of meals.



## **Race, culture, religion, gender and disability**

Each young person was facilitated in the practice of their religion. Where appropriate the wishes of the parents are ascertained prior to admission. The centre had a comprehensive policy in relation to each of these areas and staff were mindful that the identification of needs was not exclusive to the admission process and that needs in relation to any of these areas could arise at any time throughout the placement.

## **Managing behaviour**

The centre drew from a number of practice approaches in their work with the young people which acknowledged that when young people live independently in the community they needed to rely on their inner resources to respond effectively to the different situations they will meet. The centre advocated positive forms of discipline, which emphasised the individual to assume a sense of responsibility for personal actions and develop an inner sense of self-discipline. Each young person signed a contract regarding their behaviour on their admission.

All staff had received training in an approved model of behaviour management. Risk assessments were on file for young people prior and post admission and safety plans were in place for young people who required them. At the time of inspection the centre was in the process of implementing individual crisis management plans for the young people along with monthly reviews of significant events. The inspector found that where the young people had exhibited behaviours that challenged that the strategies used to intervene and manage behaviour were appropriate and effective. Sanctions were not used in the centre and the focus was on collaborating with the young person to problem solve. Personal responsibility was encouraged for the young people through natural consequences. Community meetings were held within the centre regularly to look at individual responsibilities within the centre.

## **Restraint**

The centre did not use restraint as a form of managing the young people's behaviour. The centre had a no violence policy and this was clearly outlined to the young people prior to their admission. Any incidences of aggression or bullying were dealt with immediately with the young person as detailed in policies and procedures.

## **Absence without authority**

The inspector found that staff interviewed were aware of the Garda/HSE Joint Protocol for reporting young people missing in care. The centre had individual absent management plans on file for young people who had been admitted to the centre prior to eighteen years of age. There were no recorded incidents of young people being missing from care in the previous twelve months.

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

None identified.

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

None identified.

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **Required Action**

None identified.

## **3.7 Safeguarding and Child Protection**

### ***Standard***

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

All policies and procedures on safeguarding had been updated since the last inspection in 2016. Safeguarding was discussed as a standing item at staff meetings. The centre's safeguarding policies provided guidance to staff in relation to professional boundaries, one to one contact with the young people and bullying. There was evidence on file that risk assessments and risk management strategies were in place based on the presenting risks to each young person. Staff interviewed

showed an understanding of safeguarding and its place in child protection. They understood the requirement for staff to be able to bring matters of concern about colleagues to the attention of the manager if necessary.

## **Child Protection**

### ***Standard***

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

All staff had completed training in Children's First National Guidance for the Protection and Welfare of Children along with the new E learning training programme. Staff interviewed were clear in their understanding of the necessary steps to be followed in child protection concerns. There had been no child protection concerns reported in the period under review.

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

None identified.

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

None identified.

### **Required Action**

None identified.

## **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**

#### **Accommodation**

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. The centre

was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre was in good structural repair, tastefully decorated providing a comfortable living environment for the young people. Young people had their own bedrooms and the rooms viewed by the inspector were decorated and furnished appropriately to their own taste. Overall the centre had a pleasant ambiance in which to live and work.

### **Maintenance and repairs**

The centre contracts maintenance and repairs jobs to outside private providers. Repairs and maintenance issues are recorded in a log book. The inspector found that routine maintenance and repair work was carried out promptly and there was an effective means for reporting hazards.

### **Safety**

The inspector found evidence from interviews and records that health and safety was given high priority in the centre. One of the staff members was the designated health and safety officer for the centre. The centre had a health and safety statement which was up to date, signed by all staff and the inspector found that health and safety audits were being conducted very two months. There were effective ways of reporting health and safety hazards in the centre and issues identified were dealt with promptly. There were two designated house cars and staff were licensed and insured to drive these. Medicines for young people were stored and secured in the staff office, the administration of which was recorded appropriately in individual records. All of the staff were trained in first aid.

### **Fire Safety**

The centre manager provided good evidence of compliance with fire safety and building control requirements. On inspection of the Fire Register the inspector noted that the alarm system, fire extinguishers and fire blankets are checked by an approved company on a regular basis. The centre had a fire register where all maintenance work and fire drills are recorded. Fire drills were regularly carried out and this was reflected in the centres records. Staff had completed fire safety training.

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

None identified.

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

None identified.

### **3.10.4 Regulation Based Requirements**

The centre has 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*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

*-Part III, Article 13, Fire Precautions.*

### **Required Action**

None identified.

## 4. Action Plan

<b>Standard</b>	<b>Issues Requiring Action</b>	<b>Response with time scales</b>	<b>Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again</b>
	No action required		