



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</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>22<sup>nd</sup>, 25<sup>th</sup> and 26<sup>th</sup> September 2023</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>Anne McEvoy Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> November 2023</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 and Regulation 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 determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 03<sup>rd</sup> November 2007. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from the 03<sup>rd</sup> November 2022 to the 03<sup>rd</sup> November 2025.

The centre was registered to provide residential and aftercare services for young women who cannot live at home and who do not have enough ongoing support to enable them to live independently. It provides short to medium term placements for up to eight residents between the ages of 16 and 23 years in a structured living environment that includes a “home feeling”. 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. Central to the centre was an outreach service where the young people were welcome to visit for additional support both during their time in the centre and after they leave. There were six young people living in the centre at the time of the inspection. All young people in the centre were aged over 18 years at the time of inspection and one young person consented to the review of their care record by inspectors.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1, 4.3
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 with the relevant persons including senior 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 people, 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 and to the relevant social work departments on the 16<sup>th</sup> October 2023. 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 01<sup>st</sup> November 2023. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

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 10: Health Care**

**Regulation 12: Provision of Food and Cooking Facilities**

**Theme 4: Health, Wellbeing and Development**

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

The centre had a range of policies and programmes designed to promote and protect the life, health, safety, development and welfare of each young person. Inspectors found that young people were supported to consider the importance of good physical and mental health and wellbeing, through individual key work and health promotion programmes within the centre. The young people had access to a wellness programme, focusing on self-care, mental health and wellbeing, operated from the outreach aspect of the service and this was well utilised by the young people living in the centre. The centre had a smoking cessation programme in operation, and this was offered to the young people to assist in harm reduction for both smoking and vaping. Inspectors reviewed minutes of team meetings and one individual care record and found that there was a strong focus in the centre on sexual health, consent and safe, healthy relationships. Young people were facilitated to attend medical appointments, including general practitioner and counselling appointments as required. Inspectors found that the staff in the centre had strong links to community services, both statutory and non-statutory, to promote the health and development of the young people living there.

Inspectors observed that there were adequate quantities of food and drinks at the centre. There was evidence that the care team discussed food choices with the young people and that their individual likes and preferences, cultural and dietary requirements were accounted for. Young people were encouraged to cook meals and to prepare food for themselves and this was supported in a natural way that ensured the development of necessary life skills. The centre had a large kitchen with adequate space for both young people and staff members to eat and share meals together.

There was evidence that the placement planning processes took account of physical and mental health and wellbeing. Age-appropriate guidance and education was provided to the young people through key working in areas including appropriate social interactions, peer dynamics, social engagements, safe relationships, and identity. There was evidence, through the records reviewed, that the staff team were

making strong efforts to provide each young person with opportunities to develop necessary life skills including those that would support them in building resilience and dealing with adversity. Records showed that there was effective communication between the centre, the referring agencies, the social work departments, and external services to promote the health and development of the young people living there.

There was clear evidence that the living environment provided to the young adults in this centre supported and actively facilitated autonomy and growth in independence. Inspectors met with one young person who stated that they were very happy living in the centre and felt cared for and supported as they moved towards independent living.

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

At the time of inspection, all young people in the centre were engaged in either educational or training programme designed to meet their needs and in line with their capabilities. In interview one young person stated that they were supported by staff and management to attend their placement and achieve their potential.

There was evidence of positive and regular communication between the centre and the educational placement, including attendance by the staff team at meetings and telephone conversations to address any issues as they arose. In interview the staff referenced a number of initiatives to support young people in attending their educational placements including providing a structured plan for one young person to accompany them on the bus until such time as they were accustomed to doing this for themselves.

Inspectors reviewed case management records and found that there was good communication within the key working team to establish educational goals, identify how these could be achieved and reviewed monthly to monitor progress and highlight where additional work needed to be completed. Similarly, team meeting records evidenced that all staff were made aware of the goals being targeted to facilitate consistency by the staff team.

The care record reviewed showed consistent recording of communication with the educational placement and with the allocated aftercare worker, advising them of issues and progress to further support the move on placement for the young person. There was a study space established in the centre with access to a computer and internet connection to facilitate study at home where this was required by the young

people. The aftercare team for one young person spoke positively about the communication from the staff team and the care afforded to the young person.

Inspectors found that this centre was providing invaluable supports to young women. It was proactive in contributing to a preventative strategy so young women were supported, more resilient and less reliant on crisis supports in future years.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.1 Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required.**

- None

**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.**

There was evidence, through a review of centre records and individual supervision records, that the centre undertook workforce planning. This included planning for all forms of leave and actively discussing upcoming leave applications with staff members. The centre had a stable, experienced workforce of one person in charge, three social care leaders and four social care workers, in line with their statement of purpose and function agreed and funded by the funding agency. There was an additional social care leader post assigned to the outreach aspect of the service. Four

members of staff including the person in charge had in excess of 15 years' service each within the centre with the remaining staff members having significant experience working in the centre with the newest member of staff joining two years ago.

Inspectors found that these numbers of staff were appropriate to provide care to the young people currently resident in the centre as each was over 18 years of age, however if a young person under 18 years was to be admitted, Tusla, the funding agency needed to agree to provide an additional staff member to supplement the supports to the young people. There was no agreement in place at the time of the inspection for extra funding to be provided and the centre had needed to refuse admission for young people under 18 years due to not having the required minimum staffing numbers of eight staff members. All staff members were found to be appropriately qualified with a social care or relevant qualification.

Additional staff members were accessed from a panel of suitably qualified and experienced staff that were familiar with the centre and the model of care being utilised.

Supervision records demonstrated that the centre manager and staff discussed a range of issues and staff reported feeling listened to and supported. Personnel files reviewed had the required documents such as garda vetting, references, and copies of qualifications, however some deficits were identified. The reference request form used by the centre was not robust in identifying the name and position of the referee and the reporting relationship between them and the person seeking the reference. This issue had been identified in an audit conducted by the external auditor and was in the process of being resolved prior to the inspection. Prior to the completion of the inspection a new reference request form was in place that resolved these issues.

Additionally, inspectors found that there were gaps in employment for newer members of staff which had not been adequately addressed. The person in charge and manager of the service must ensure that all gaps in employment are identified and satisfactorily explained by the person seeking employment.

Records evidenced that mandatory training such as child protection, children first, first aid, fire safety and the centre's behaviour management system had been completed for the majority of the team. Four staff members required fire safety training. Four required training in the centre's behaviour management framework and two required first aid training. Scheduled dates were in place for those who had not yet completed this training. Given the centre's statement of purpose and function

being for 16-23 year olds staff had also completed the safeguarding vulnerable adults training. Inspectors found that childhood sexual exploitation training and mandated person training was not scheduled as part of the mandatory training and the person in charge and manager for the service must ensure that training on these topics along with fire training for those still outstanding is completed as soon as possible.

There were a range of practices in the centre to promote staff retention and stability of care for the young people including access to an employee assistance programme, flexible working arrangements, promotional opportunities and in interview staff stated that the emphasis by management and the staff team on self-care was among the reasons they chose to remain working in the centre.

The centre had an on-call arrangement in place for evenings and weekends and staff indicated that this system was effective in accessing support when required.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required.**

- The person in charge and manager of the service must ensure that all gaps in employment are identified and satisfactorily explained by the person seeking employment.
- The person in charge and manager for the service must ensure that training on childhood sexual exploitation and mandated person training along with fire safety training for those still outstanding is completed as soon as possible.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	None identified.		
6	<p>The person in charge and manager of the service must ensure that all gaps in employment are identified and satisfactorily explained by the person seeking employment.</p> <p>The person in charge and manager for the service must ensure that training on childhood sexual exploitation and mandated person training along with fire safety training for those still outstanding is completed as soon as possible.</p>	<p>Effectively all perspective candidates will be required to supply Huruma Ltd with their CV and any gaps will be require an explanation.</p> <p>All staff will have the Childhood sexual exploitation training completed by the end of 2023. All outstanding fire safety training will be completed by the end of 2023. All mandated person training will be completed by the end of January 2024. The manager and the Person in Charge will oversee all of these timelines.</p>	<p>Effectively immediately which will be overseen by the Manager and the Person in Charge</p> <p>Sexual exploitation and mandated person training will be incorporated into the Induction for new staff. The Person in Charge will oversee that Fire training is completed by all staff as part of their induction, this will be put in place immediately for any new members of staff</p>