The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN042988

6 February 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Service Type: Children's Home **Provider Type:** Health and Social Care Trust **Located within:** – Northern Heath and Social Care Trust	**Manager status:** Registered

Brief description of how the service operates:

The children living in this home may have had adverse childhood experiences which has resulted in them requiring residential care. In addition, the home can provide care to children and young people with an intellectual disability.

Since the last inspection, the provider submitted an application to RQIA to make a change to the registration of this service to increase the number of young people who can live in the home for a time limited period. This application to temporarily vary the registration was agreed by RQIA.

Children and young people will be referred to collectively as young people throughout the remainder of this report.

2.0 Inspection summary

An unannounced inspection took place on 6 February 2024 between 9.15 a.m. and 2.15 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with three areas for improvement identified during the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Two areas for improvement in relation to first aid, and food hygiene training were assessed as met. Further improvement was required in relation to fire safety training and was therefore restated for a second time.

The inspection focused upon the arrangements in place to promote the health and wellbeing of the young people. The inspection focus included review of young people's involvement in decisions regarding their health and wellbeing; and the management of medicines.

Review of records, observation of care and interactions and discussion with staff and young people identified a dedicated staff team who worked well together, with a focus on effective communication with relevant others to meet the health and wellbeing needs of the young people. The management team were visible role models and their leadership approach supported a culture that was supportive and respectful.

Young people were treated as individuals with care planned and delivered in line with their specific needs. It was also evident that staff had a detailed understanding of the young people's individual needs.

Positive relationships were evident; and observations indicated that young people were relaxed and at ease within the home. They interacted freely with staff and staff were responsive to their needs.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

The findings of this report will provide the management team with the necessary information to improve staff training within the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection. A range of documents were examined to determine that effective systems were in place to manage the home and deliver safe care.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.

Information was provided to young people, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this home. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the deputy manager and senior practitioner at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff and the management team. Feedback was also received post inspection via questionnaires from young people and relative/carers.

Feedback from young people provided a range of views regarding their experience of living in the home and the quality of care they received.

Some young people reported staff did not support them to feel safe and did not know what was important to them; whilst other young people confirmed that staff supported them to feel safe, they felt listened to, any concerns they had would be taken seriously, and that they were supported by staff to engage in activities they enjoyed both in the home and in the community.

There was also mixed views regarding how involved young people felt they were in making decisions however they identified a range of ways in which their views and opinions are sought by staff and relevant others in their lives.

Feedback from a relative/carer indicated dissatisfaction regarding the arrangements in place to support positive behaviours; the quality of relationships between young people and staff; and communication.

Feedback provided to RQIA post inspection was discussed with the manager; who provided assurance regarding the arrangements in place, which included independent advocacy services, to support young people to share their views about their experiences or raise any concerns. Assurance was also provided regarding actions that are taken if dissatisfaction is expressed by a young person, carer/relative or other stakeholder in order to address any concerns and improve the quality of care provided by the service.

Staff spoke positively about the management team and described effective leadership arrangements. Staff voiced a good understanding of each of the young people's individual needs and demonstrated their commitment to promote young people's safety, prepare them for the future and ensure supports were in place for the young people to thrive. Staff also advised that the education needs of the young people were a priority and when attendance at school was not possible other avenues were explored, taking into account the young person's individual needs and preferences.

Discussions with staff confirmed that communication and support within the team and from managers was good. Team meetings were held on a regular basis. Key staff support mechanisms such as key worker meetings, regular individual and group supervision, reflective practice forums, and annual appraisal were in place. Staff also confirmed that the management team encouraged staff to attend training and promoted opportunities for learning and development.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 1 March 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 22 (c)

Stated: First time

To be completed by:
01 May 2024</td><td>The registered person must ensure all staff have completed first aid training.

Ref: 5.2.5</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 22.2

Stated: First time

To be completed by:
01 April 2024</td><td>The registered person must ensure all staff have completed fire safety training.

Ref: 5.2.1</td><td rowspan="2">Partially Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Ten staff were required to undertake this training and there was a plan in place for all staff to complete this training by the end of March 2025. This area for improvement was partially met and has been restated for a second time.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 22.2

Stated: First time

To be completed by:
01 April 2024</td><td>The registered person must ensure all staff involved with the preparation of food have completed food hygiene training.

Ref: 5.2.2</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
</table>

5.2 Inspection findings

5.2.1 How does the service ensure young people experience a safe and high quality environment?

The home was clean, warm, tidy and well maintained. The external areas were also well presented.

The living room was homely and welcoming, and there were a number of other communal rooms downstairs that young people could avail of which were cosy and inviting. Murals on the walls were bright, and added to the overall presentation of the home. Young people's bedrooms were personalised to their own tastes, and they had access to an en-suite which promoted their privacy.

There were a number of works ongoing at the point of inspection that would further add to the presentation of the home; the kitchen was being refurbished, and all rooms were being repainted. This work was nearing completion and it was reported that the young people were looking forward to the completion of the works as they had been somewhat disruptive to the routines of the home.

5.2.2 How does the service ensure the young people are supported and their health and wellbeing needs are met.

The management team advised that the implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFTC) had commenced in the home with positive effect. The assessment of young people's health and wellbeing was supported by this framework. Records evidenced that detailed information was maintained with respect to young people's specific needs, health professionals involved in the care of young people were clearly identified and referrals to other supporting agencies were noted.

Evidence was available that young people's health and wellbeing needs were reviewed and records updated. Staff were also aware of specialist teams to contact if they had any issues or concerns. Review of records and discussion with staff confirmed they were aware of young people's medication needs, how to administer them, and ensured medication administration was documented and records signed.

Discussion with staff and the management team provided assurance young people were actively encouraged to be involved in the review of their health needs in line with their age and stage of development. Young people were also supported to attend LAC Review meetings where their needs, wellbeing and development are monitored.

Discussion with the management team confirmed that prior to admission to the home a comprehensive assessment of young people's health needs would be undertaken. Young people were also supported to register with a local general practitioner (GP).

Since the last inspection, the service had recruited a cook who provided a well-balanced, healthy diet with input from the young people, regarding likes and dislikes. The social aspect of eating together was also promoted and observed.

5.2.3 How does the service ensure that there are robust management and governance arrangements in place?

The care and support observed on the day of the inspection was person centred and fostered a culture within the home that was supportive, inclusive and respectful.

Records reviewed provided assurance that robust governance arrangements were in place to support the delivery of effective and consistent care to the young people. Staff handovers, key worker's meetings, monthly team meetings and reflective practice forums were in place, supporting effective communication and providing staff with the opportunity to review their practice and ensure this was aligned to the young people's needs. Incidents were also recorded in a timely manner with learning disseminated to staff at team meetings or earlier if required.

Regular supervision was in place. Staff confirmed that the management team were supportive, welcomed discussion, and that concerns from staff were listened to. Staff health and wellbeing was also a primary focus, with an identified Health and Wellbeing Officer in place to support staff.

Effective supervision, in addition to staff training and learning opportunities can support staff to be competent, confident practitioners. Staff training was reported as a key priority by the management team; who maintained a training matrix to monitor compliance. This was reviewed on a regular basis by the management team. Progress with respect to training in relation to first aid and food hygiene had been made since the last inspection. Further work was required however with respect to fire safety. This area for improvement was partially met and was restated for a second time.

Medicine management records demonstrated effective recording of medicines including home remedies. Audits were in place to review medicines received, administered and to support the identification of any discrepancies. An Infection Prevention Control policy and procedure was in place and IPC audits were also evidenced.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023)**

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 22.2 **Stated:** Second time **To be completed by:** 31 March 2025	The registered person must ensure all staff have completed fire safety training. Ref: 5.1 and 5.3
	Response by registered person detailing the actions taken: Fire Safety Training has been targeted post inspection - The majority of the staff are now compliant - All staff will have completed training by mid May 2025. Fire safety training will remain a feature of leadership meetings going forward to ensure future compliance. Fire Warden Training is booked for the 8th May for the entire staff team.

Please ensure this document is completed in full and returned via the Web Portal

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