The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN042992

21 June 2024

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:** – Western Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home have had adverse childhood experiences which has resulted in them requiring residential care. Children and young people will be referred to collectively as young people throughout the remainder of this report. Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service to change address, and to increase the number of young people who can be accommodated in the home.	

2.0 Inspection summary

An announced inspection took place on 21 June 2024 between 9 a.m. and 3 p.m. The inspection was conducted by a care and an estates inspector. A follow up inspection was also undertaken by an estates inspector on 28 August 2024.

The inspection process sought to assess progress with the last quality improvement plan (QIP), and to determine if the home was providing safe, effective, compassionate and well led care. The inspection process also assessed an application submitted by the provider to vary the registration of this service. The application sought to change the address of the home and to increase the number of young people who could be accommodated in the service. An application to register an individual as the manager of the home was also reviewed during this inspection process.

Following submission of additional evidence post inspection, and a further inspection of the premises by the estates inspector on 28 August 2024, both the application to vary the registration, and the manager application were approved by RQIA.

Five areas for improvement identified at the last care inspection were assessed; compliance had been achieved in relation to four areas. One area for improvement in relation to medicines was carried forward to the next inspection.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.
The findings of this report will provide the manager with the necessary information to improve staff practice and young people's experience.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Discussion with the manager identified that both the young people and staff team had mixed views about moving accommodation; the improved space and facilities was welcomed, however the change will require a period of adjustment for all young people and the staff team. On a positive note, the manager described the ways that the staff team were supporting the young people to experience a young person centred transition to the new premises, which included young people having the opportunity to visit the new property, and chose their preferred bedrooms, ahead of the move.

Young people, staff and relatives/carers had opportunity to share their views regarding quality of care and experience of the service via a questionnaire.

Positive feedback was received from relatives/carers who confirmed there was good communication with the staff team, and they were updated by the staff about any changes to young people's care. Feedback from staff indicated that they felt positive about their roles, how young people were being supported, and the support available to them from the management team.

Feedback from young people identified some dissatisfaction regarding their experience of the service; and this was discussed with the manager post inspection.
The inspector was assured regarding the response taken by the service in relation to the concerns raised within the feedback, and that any necessary actions would be taken where required.

5.0 The inspection

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

Areas for improvement from the last inspection on 30 August 2023		
Action required to ensure compliance with The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 3 (3) **Stated:** First time **To be completed by:** 25 May 2023	The registered person shall ensure that an application for the registration of the manager is submitted without delay. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 2 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 25 May 2023	The responsible person shall review all potential restrictive practices used in the home. Records must evidence that practices used are necessary and proportionate. Restrictive practices must be justified as to how they are agreed in writing by relevant parties including the young person and are subject to regular review. Where possible a risk reduction plan should be in place. **Action taken as confirmed during the inspection**: This area for improvement was met and is discussed in section 5.2.2.	**Met**
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 17.10	The responsible person shall ensure staff are equipped with the skills and training required to meet the needs of the young people.	**Met**

Stated: First time **To be completed by:** 22 June 2023	A training plan in relation to safeguarding, TCI, fire awareness and food hygiene should be submitted to RQIA with the returned QIP. **Action taken as confirmed during the inspection**: This area for improvement was met and is discussed in section 5.2.3.	
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 25 May 2023	The responsible person shall improve the evidence in the home regarding risk assessment. Robust, current risk assessment for each young person must evidence the actions required to promote the welfare of young people and be available for staff reference, subject to review; monitoring and inspection. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 3 **Ref:** Appendix 1, Standard 1 **Stated:** First time **To be completed by:** Ongoing from the date of inspection (30 August 2023)	The responsible person shall ensure the date of opening is recorded on all medicine containers to facilitate accurate audit. Ref: 5.2.3 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**

5.2 Inspection findings

5.2.1 Application to vary the registration of the home

The inspection process assessed an application submitted by the provider to vary the registration of this service. The application sought to change the address of the home and to increase the number of young people who could be accommodated in the service. Assessment of the application included a desktop review of documentation; an inspection of the premises with a care and an estates inspector; feedback from staff and young people; and sampling of care documentation.

The management team reported that staffing levels were adequate to meet the needs of the home and that staffing ratios would be regularly reviewed in line with the number of young people, their individual needs and to mitigate effectively against identified risks. Assurance was provided that an established group of bank staff were available to support the team if required. Recruitment was also underway for two cooks and a secretary.

The rota was sampled and provided evidence that the staffing arrangements were consistent with the young people's assessed needs. There was evidence of advance planning by the manager to ensure the scheduling of regular staff handovers, team meetings and the operation of a management on call system to provide additional support to the staff team and young people when required.

The new premises was originally constructed as a children's home. On the day of inspection, works to the property was underway; plans for a new kitchen and installation of a bathroom was also confirmed. Young people would have their own bedroom and en suite; and would have opportunity to personalise their space to their own individual style and preference. Evidence was submitted post inspection which provided assurance that the premises had been decorated and furnished to a good standard; and that the home was comfortable and welcoming.

Building services installation, commissioning and maintenance documents were reviewed along with fire risk assessment, legionella/water safety risk and associated controls validation documents to establish compliance with current standards and good practice. A bath was installed in the home to meet the 'requirements for registration' standards N30, N31, N32 & N33.

The follow up inspection undertaken by an estates inspector confirmed that the works completed to the new premises were consistent with and met the requirements of The Children Homes Standards April 2023.

The statement of purpose and service user guide were reviewed and provided assurance that the management and care arrangements proposed were consistent with the aims of the service as set out in the statement of purpose and intended registration of the service. The application to vary the registration was subsequently approved by RQIA.

5.2.2 How does the service ensure that robust management and governance are in place?

A registered manager interview was undertaken as part of this inspection process and provided assurance that there were effective management arrangements in place, which provided consistent leadership and stability to the staff team.

The manager presented as improvement focused and committed to further developing the service. Areas for improvement identified during the last care inspection had been achieved, and the manager described plans to embed the Northern Ireland Framework for Therapeutic Integrated Care (NIFTIC) within the service as a young person centred and strengths based approach. The registered manager application was subsequently approved by RQIA.

The arrangements in place to promote the welfare, care and protection of young people was reviewed. Advice was provided to the management team regarding ensuring all relevant events are notified to RQIA in accordance with Regulation 29 of The Children's Home Regulations (Northern Ireland) 2005. Compliance in this area will be reviewed during future inspection activity.

Evidence was available that the approach to restrictive practice had been reviewed and improved since the last inspection. Whilst the staff team were not currently using restrictive practices to support safety and wellbeing, a template had been developed to ensure robust governance relating to restrictive practice when required. Care planning meetings were identified as a forum to agree, discuss and review restrictive practices that may occur. Risk assessments and risk management records were available for each young person and were up to date; in turn improving safeguarding of young people and the quality of their lived experience in the home.

5.2.3 How does the service ensure that safe staffing arrangements are in place?

The staff team received necessary training to support them to competently meet the needs of young people in the home; and to promote and enhance staffs understanding of how best to support them. Improved compliance was noted in relation to safeguarding, fire, food hygiene and therapeutic crisis intervention (TCI) since the last inspection. The manager confirmed that fire safety training would be facilitated to support a safe transition to the new premises.

The inspector was assured through discussions with the management team that the compatibility of any new admissions to the home would be considered to ensure each young person's needs would be met; and that transition to the home would be undertaken in a young person centred and planned way. There are plans to have a settling in period for young people before any new admissions to the home would be considered. This approach will ensure young people are afforded time and opportunity to become accustomed to their new home, and to establish their familiar routines in their new environment.

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*

The total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager 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 3 **Ref:** Appendix 1, Standard 1 **Stated:** First time **To be completed by:** Ongoing from the date of inspection (30 August 2023)	The responsible person shall ensure the date of opening is recorded on all medicine containers to facilitate accurate audit. Ref: 5.2.3
	Response by registered person detailing the actions taken: This has been achieved. The manager has emailed all staff members to ensure the date of opening is recorded on all medicine containers to facilitate accurate auditing . In addition Manager has raised the issue at Team meeting on 18/10/2024 and completed a refresher medication on 18/10/2024 for all staff to ensure this information is shared.

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

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