The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN043007

14 November 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:** – Southern Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home have been assessed as having physical and or intellectual needs/ disability and in need of short breaks in residential care. 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 14 November 2024 between 9.30 a.m. and 4.15 p.m. The inspection was conducted by a care and nurse inspector.

The inspection assessed progress with all 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.

The inspection concluded that two areas for improvement identified at the last inspection were met. These were in relation to safeguarding training and the governance around the use of safety intervention. One area for improvement was not met in relation to the need for a review of the impact of staff being used to support another home.

Five new areas for improvement were identified in relation to the fire risk assessment, safe recruitment, transport arrangements, the environment and the provision of a nurse manager.

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

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 person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with staff and the person in charge on the day of inspection. No young people were in the home during the time of the inspection.

Feedback from staff provided a positive view regarding support from the management team, the morale amongst the team and the quality of the care provided to the young people. Staff were positive about their roles and discussed how the team worked well together to provide the best possible care to the young people. Staff raised concerns regarding the team being used to bolster the rota in another home; this is discussed in greater detail in section 5.2.2.

Questionnaires were received post inspection, from staff and relatives/carers on behalf of young people.

Feedback from staff indicated that they were satisfied that the care provided in the home was safe, effective, compassionate and well led.

Feedback from relatives/carers on behalf of young people was positive about the service and included that staff help the young people feel safe and are there for the young people when they need them.

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 November 2023		
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 4 **Stated:** First time	The registered person shall ensure safeguarding training is provided at least annually for all staff.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 3.13 **Stated:** First time	The registered person shall ensure that a review of the use of Safety Intervention within the home takes place. The outcome of this review should be used to improve governance processes in relation to the future use of safety intervention in this home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 17.1 **Stated:** First time	The registered person should undertake a review to assess the impact of redeploying staff to another service on staff cohesion, care delivery in this home and impact of availability of short breaks on parents and young people. The outcome of this review should be used to inform future planning in relation to the provision of short breaks within this home.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met.	

5.2 Inspection findings

5.2.1 How does the service ensure young people are getting the right care at the right time?

The young people's logs contained a good standard of recording including a good standard of detail in relation to the young people's lived experience. These records, along with feedback from staff, provided assurance that the staff team were committed to engaging with the young people in a child-centred manner. Discussions with staff confirmed they knew the young people well and how they liked to be cared for.

Care documentation was available to staff to support and guide them in their care of the young people. The records sampled included, risk assessments, communication passports and Positive Behaviour Support Plans. They were up to date, frequently reviewed and reflective of the current risks and needs of the young people.

Evidence was available that robust reviews were undertaken following incidents to ensure that any learning from an incident was shared and that appropriate measures were put in place to reduce the likelihood of reoccurrence, where possible. The inspection identified one incident which was notifiable to RQIA under Regulation 29 of The Children's Homes Regulations (Northern Ireland) 2005. This incident was retrospectively notified to RQIA post inspection.

Restrictive practice records identified that restrictions which were being implemented within the home were supported by a robust framework of recording, which evidenced decision making and review. Actions that restricted young people had clear justification and were based on an assessment of risk, which evidenced that the restriction was needed and proportionate. The restriction was regularly reviewed and informed by consideration of young people's rights. Where appropriate, the Deprivation of Liberty Safeguards (DoLS) process had been followed to ensure young people's rights were being upheld.

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

Team meeting minutes confirmed that team meetings were held on a regular basis and were well attended. Bringing staff together on a regular basis is essential for maintaining good communication, and for informing the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.

Training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in areas such as safeguarding, safety intervention and fire training.

The completion of safe and robust recruitment checks prior to a staff member commencing post is an essential part of ensuring safe staffing. The manager should receive written confirmation that all required recruitment checks have been completed prior to a staff member commencing post. This information was not held by the manager and was not available to review on inspection, however assurances were provided post inspection that the required checks were

being completed but that the manager had not maintained this evidence. This has been identified as an area for improvement.

Sampling of the rota and discussion with the manager confirmed that the number of staff on shift, was consistent with the assessed needs of the young people. However, staff have continued to bolster the staff rota in another home, this has caused anxieties amongst staff due to being less familiar with the young people and the operation of the other home. Additionally, evidence was available of short breaks having to be cancelled or changed due to staff being required to work in another home.

Staff would benefit from senior management engagement on this issue with the aim of measuring the impact it is having on staff individually and collectively. Senior management should also reassure staff regarding actions being taken to reduce reliance on staff working across homes. Feedback was provided to senior management in this regard post inspection. Engagement with parents and young people should also occur; in order to measure any impact there may be from short breaks provision being limited by staffing issues. An existing area for improvement has been restated regarding this matter.

5.2.3 Does the service ensure that the home environment meets the needs of the young people?

The home was well maintained and presented as a comfortable, welcoming space. It was decorated in a child-friendly manner and the garden was a safe and pleasant setting for young people to spend time. However, staff and management reported safety implications associated with an absence of viewing panels in communal areas; making supervision of young people difficult at times of distress. A review should be undertaken to assess the need for viewing panels to be installed. An area for improvement was identified.

Fire records evidenced that fire safety checks were completed regularly and consistently. However, the most recent fire risk assessment was not available for inspection. An up to date fire risk assessment should be held on file and available for inspection, in order to provide assurance that any recommendations arising have been completed by the home. Assurance was provided by the person in charge that they had been in contact with the fire officer and that there were no recommendations as a result of the risk assessment. An area for improvement was identified.

Discussion with the person in charge identified that the home's transport provision had been reduced, which had an impact on the home's ability to transport young people during busy times, such as school runs. Staff should be enabled to promote young people's access to leisure, and educational opportunities, as well as promote their participation in the community and transport is often the key resource that enables staff to achieve this. An assessment should be undertaken of the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the young people, and the service. An area for improvement was identified.

5.2.4 How does the service promote and protect the health of the young people?

Discussions with staff identified that the home did not have a nurse manager in place to provide clinical guidance to nursing staff working in the home. There was an ad hoc system in place whereby advice could be sought from a nurse manager in another home. However, it is essential that nursing staff working in the home have a formal point of contact in a senior position; who is appropriately trained; familiar with the home and young people; and available to provide advice and guidance. Feedback in this regard was provided to senior management post inspection, who provided assurance that they were cited on the concerns and had plans in place to ensure formal systems would be put in place. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005 and The Minimum Standards for Children's Homes (Department of Health) (2023)**.**

	Regulations	Standards
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 19 December 2024	The registered person shall ensure that the home has a current fire risk assessment in place and actions arising as a result of the assessment are responded to and that the associated action plan is updated to evidence the actions taken. Ref: 5.2.3
	Response by registered person detailing the actions taken: Fire Risk Assessments are completed yearly by the Fire Safety Officer and more recently by Watch Commander from the local Fire station. Any recommendations are completed by Estates. Manager will keep in contact with Estates regarding the recommendations to ensure that they are updated on the Risk Assessment Report. This is currently being achieved on the most recent Fire Risk Assessment dated October 2024 and the

	registered manager has now received a copy of this fire risk assessment which is available for staff and managers.
Area for improvement 2 **Ref:** Regulation 25 (3) (f) **Stated:** First time **To be completed by:** 6 February 2025	The registered person shall ensure that evidence is available that all staff working in the home have been subject to safe and robust recruitment practices. The registered person shall ensure evidence is accessible that verifies staff employed in the home have been subject to robust safe recruitment practices in accordance with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. This evidence should be available to review on inspection. Ref: 5.2.2
	Response by registered person detailing the actions taken: Recruitment takes place via BSO and all checks are completed by their staff. A system has been set up (Amiqus) to advise of any issues regarding recruitment of staff being offered posts, these can range from queries regarding health issues to professional qualifications. The Manager receives an email from HR to indicate all checks are clear. The Manager will now save this email to the new staff members supervision record/file. Correspondence from HR has been saved for our most recently recruited staff and will be available to view on inspection.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 17.1 **Stated:** Second time **To be completed by:** 6 February 2025	The registered person should undertake a review to assess the impact of redeploying staff to another service on staff cohesion, care delivery in this home and impact of availability of short breaks on parents and young people. The outcome of this review should be used to inform future planning in relation to the provision of short breaks within this home. Ref: 5.2.2
	Response by registered person detailing the actions taken: Senior management maintain a database of any short breaks that have been cancelled due to staffing issues as a result of moving staff to sister unit. This will only be agreed by Senior Management as a last resort once all other options including additional hours and overtime as well as use of bank staff have been exhausted. These figures are regularly reviewed by Senior managers and Assistant Director. This matter continues to be discussed with the staff team as part of their team meetings and they provide feedback to

	manager/deputy manager. The team manager/deputy manager make contact with parents if there is a decision to cancel/reschedule a short break and provide an opportunity for parents to share their views at that time. Parents are also made aware of the complaint's procedure. The Monthly Monitoring Officer also contacts parents of children availing of short breaks to seek feedback on the experience of the service and provide an opportunity for them to raise any areas of dissatisfaction or concern. The HOS, operational manager and registered manager will review all of this information as of 31st March 2025. Information in respect of complaints and compliments will also be considered. This review will consider the impact of redeploying staff to another service under the identified themes of staff cohesion, care delivery in this home and impact of availability of short breaks on parents and young people. The outcome of this review will be used to inform future planning in relation to the provision of short breaks within this home. The Trust have recently been awarded new CYE and FYE funding and have allocated funding recruitment of additional staffing within both units with the objective of reducing the need to move staff between units and /or reduce short breaks availability for children and their families.
Area for improvement 2 **Ref:** Standard 22.2 **Stated:** First time **To be completed by:** 6 February 2025	The registered person shall ensure a review of the transport arrangements is carried out to assess the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the young people. Ref: 5.2.3
	Response by registered person detailing the actions taken: Management have ensured that there is up-to-date transport risk assessments for all the young people who avail of short breaks. This information informs the transport needs of the home overall and the assessment is that 2 buses are required to meet the transport needs of the group. Unfortunately, the second bus for the unit is on loan to our sister unit, as a result of their vehicle being damaged on two separate occasions. The unit has access to a people carrier, unfortunately this is not suitable to transport some of the young people who stay in the facility. Managers have also considered the use of taxis as an interim measure to take children to school, however this is not always a safe alternative or not available due to a lack of suitable taxi provision. Senior managers had applied for a new vehicle for

	the unit , but this has been turned down as it is seen as capital expenditure. An application for an additional unit vehicle will be made via Charitable Trust Funds.
Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 6 February 2025	The registered person shall ensure a review is undertaken of the communal areas to assess the need for viewing panels to be installed. The review should assess and balance the risks associated with not having viewing panels, with the young people's right to privacy. Ref 5.2.3
	Response by registered person detailing the actions taken: It remains the case that viewing panels are assessed to be necessary within the unit. This allows staff to observe children and ensure they are safe during the time they spend within the communal areas including the living and hall areas if a child is dysregulated and does not want staff in close proximity. On these occasions only and for the shortest possible duration, the viewing panels will allow staff to give the child space to self-regulate whilst staff are able to observe to ensure safety for the young person and enable intervention if required. The Trust accept that the children have the right to privacy however this has to be balanced with assessed risk. A request was sent to Estates re the viewing panels and in early January the Estates Manager visited the unit with fitters to assess and measure for doors. These have now been ordered with the timescale of 4 weeks for delivery and fitting. Fitting will need to be scheduled safely around young people's short breaks to minimise disruption to the children.
Area for improvement 4 **Ref:** Standard 19.3 **Stated:** First time **To be completed by:** 6 February 2025	The registered person shall ensure that nursing staff working in the home have a formal point of contact in a senior position; who is appropriately trained; familiar with the home and young people; and available to provide advice and guidance. Ref 5.2.4
	Response by registered person detailing the actions taken: The formal Reflective/professional supervision of Nursing staff is completed at least twice yearly by Band 6 Senior Nurse in the unit, who in turn receives her professional supervision from Band 7 Nurse Manager in the sister Unit. This remains a formal point of contact for nursing staff alongside the registered manager and deputy manager. Correspondence from the Clinical Manager of CAMHS CYP in respect of Nursing issues, training, Governance is routinely shared with Nursing staff. Governance peer groups are

	available to all Nursing staff, and they are emailed the details of same. Plans are being put in place to secure an additional line of Management for the Nurses in Residential settings to ensure that they have direct access to advice and support required and to keep them up to date and informed on nursing and governance matters.

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