The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN043013

10 October 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:** – The Northern Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home may have had traumatic experiences and have been assessed as in need of 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 10 October 2024 between 10.00 a.m. and 6.15 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with 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.

Four areas for improvement identified at the last care inspection were assessed as met and one new area for improvement was identified with regard to key work sessions with the young people.

The inspection concluded that the service strives to maintain a safe and supportive environment for young people through effective management arrangements, strong team cohesion, and trauma informed care that prioritises their wellbeing and rights.

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, their 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

The inspector spoke with young people, staff, the manager and a senior manager.

Discussions with young people demonstrated that staff supported them to participate in activities and events appropriate to their age and stage of development. These experiences were tailored to young people's unique interests, helping to create meaningful and positive experiences and memories.

Observations of interactions between the manager, staff, and young people, as well as discussions with the young people, demonstrated the staff's clear understanding of their needs and interests. The manager and staff used humour effectively to build positive connections with the young people, whilst also addressing important issues such as safety and appropriate behaviour in a supportive and respectful manner.

Staff feedback described a supportive and positive working environment fostered by the management team, which they felt underpinned the team's success in providing consistent care and support to the young people. Regular staff supervision, an open door policy, and an approachable management team contributed to a culture of collaboration and reflective practice.

Staff described the team as experienced, committed to doing their best for the young people, and focused on fostering trust and security through meaningful relationship building. Both the management team and staff highlighted that they worked effectively together, with shared visions and goals, whilst implementing boundaries and interventions to promote the safety and development of the young people.

No feedback was received by RQIA via questionnaires or electronic survey post inspection.

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 31 May 2023		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 25 **Stated:** First time	The responsible person shall ensure there is evidence available to verify that any staff member employed in the home have been subject to robust safe recruitment practices. This evidence should be available to review on inspection.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that: - it is implemented on the basis of an assessed need or risk related to the individual child - it is the least restrictive option and all other options have been exhausted - it has been agreed with the multi-disciplinary team, the child and/or their representative as appropriate, - there is a timescale for review, which will involve review of its effectiveness/outcomes and the impact on the child.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met. This is discussed further in Section 5.2.2.	

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)		Validation of compliance
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time	The responsible person shall ensure young people's risk assessments are subject to review and are relevant to the current risks and evidence the actions required to promote the welfare of young people.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 16 **Stated:** First time	The responsible person shall ensure there is a robust system in place to ensure audits which cover all areas of young people's care are performed regularly and records maintained. With evidence available of any learning outcomes and resulting changes to practice.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 How does the service ensure young people are receiving care and support which promotes positive behaviour and delivers safe care?

Young people's records were well organised, easily accessible, and routinely updated to ensure staff remained informed about each young person's individual needs and agreed care and risk management plans. The records sampled were personalised and reflected a co-ordinated approach by those involved in the young person's network.

Individual risk assessments and other relevant assessments were in place, to meet the specific needs of the young people. The risk assessments were detailed, with a focus on understanding potential triggers and the emotional and psychological wellbeing of the young people. They provided evidence that staff understood trauma informed practices and the impact on the young people's behaviour. The support measures in place were also nurturing and focused on promoting the young people's wellbeing.

Discussions with staff and the manager demonstrated their confidence in responding to high risk behaviours and their ability to provide comprehensive support to the young people. Staff knew when to escalate concerns to others within the young person's network. They

demonstrated an understanding of how to appropriately engage with the PSNI to ensure the safety of the young people, whilst also preventing their criminalisation. Recognising that young people in care are often at greater risk of being criminalised, staff focused on managing behaviour in a supportive way, with any decision to involve the PSNI made in the best interests of the young person.

Staff utilised their relationships with the young people to engage in preventative work and understood the importance of offering supportive care when a young person returns to the home after engaging in high risk behaviours.

Staff were attentive to group dynamics within the home, and it was positive to see the proactive use of group impact risk assessments, which were completed and integrated before the admission of a new young person. This approach supports targeted, individualised care for young people in a group living settling, enabling the team to prepare effectively and consider relevant mitigating actions.

Daily logs were maintained, providing an overview of the young people's day to day lived experience, including their engagement with staff and other young people. It was encouraging to see support for maintaining family contact, establishing positive routines, and focus on physical wellbeing where appropriate.

Whilst there was evidence that staff engaged in individual key work sessions with the young people, it was difficult to see progress in the areas of work completed and the frequency of the sessions varied. The records maintained typically did not evaluate the effectiveness of the sessions or determine if further work in specific areas was needed.

A plan for key work sessions should be developed, aligned with the specific needs outlined in the care plan for each young person, and regularly reviewed. The records should also clearly reflect the effectiveness of these sessions and future plans. This approach will help maintain momentum with goals identified, promote staff accountability, and enable young people to see progress and change, boosting their self-esteem and giving them a sense of control. An area for improvement was identified.

Staff reflected on the positive impact of the implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC). They highlighted its value in fostering collaboration and shared assessment with the multi-disciplinary team to identify and address the needs of young people, as well as setting clear, specific goals. They believed this approach will support residential teams in achieving better outcomes for young people. However, staff also noted that due to the increased demand on the service's psychology team, one to one psychological support for young people who may require it was no longer available from that service. This unmet need has been escalated within the service.

5.2.2 How does the service ensure young people's rights are upheld?

As outlined in Section 4.0, observations during the inspection demonstrated various examples of meaningful engagement with the young people by both the staff and the manager. Staff took time to listen to the young people, providing support to help them express themselves and make sense of their emotions, feelings, and how these impacted on their behaviour. The approach not only promotes emotional understanding, it upholds the rights of young people to be heard, by empowering young people to communicate in a safe and supportive environment.

There was evidence that young people were actively supported and encouraged to attend meetings about their care and educational arrangements. When young people were dissatisfied with decisions or outcomes, staff ensured they were aware of and able to access independent advocacy services such as the Voice of Young People in Care (VOYIC), to advocate for them.

It was positive to note that the service was using a restrictive practice framework to evidence the decision making and review of any restrictive measures implemented for individual young people in response to specific risks. However, there was some variation in the quality and detail of the records maintained. Advice was given to ensure that documentation clearly reflects when restrictive practices have been discussed with the young people and/or their parents, as appropriate; and the consideration given to ensure it is the least restrictive option. This approach will support embedding a human rights approach within the framework and ensure that records are meaningful.

Staff endeavoured to hold young people's meetings once a month, there was evidence that young people were consulted separately and independently when they chose not to participate in the group forum. Advice was provided to the manager to ensure that the outcomes of meetings and any follow up action are consistently reflected in the young people's meetings, helping to ensure that no actions are overlooked.

Staff and the management team were proactive in addressing any complaints or concerns raised by a young person, ensuring that appropriate processes were followed to investigate the matter, take necessary actions and keep the young person informed throughout the process. This approach is crucial for building trust, promoting transparency, and ensuring that the young person's voice is heard and respected.

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

Robust management and governance arrangements were in place and supported by regular team meetings with high staff attendance, which focused on a broad range of issues to promote consistency and team cohesion. The manager employed a trauma informed approach and actively engaged the team in mentoring and coaching, ensuring staff felt supported and valued.

The manager was both visible and approachable, and there was a high level of collaboration and unity described within the management team, which included the manager, deputy and senior practitioner.

Staff felt heard and contributed to decision making, with their expertise and skills recognised, reinforcing a culture of collective leadership and accountability.

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.**

	Regulations	Standards
Total number of Areas for Improvement	0	1

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 1 **Ref:** Standard 2 **Stated:** First time **To be completed by:** 5 December 2024	The registered person shall ensure that young people have access to regular key work sessions that support their development and progress towards identified goals, with records clearly reflecting the effectiveness of these sessions and future plans. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered manager will ensure staff undertake a minimum of four key work sessions per month in respect of each of the individual young people residing in the home. The key work sessions will be completed in line with their individual health and well-being plan goals. Staff will also complete key work sessions using the MAPS booklet in preparation for their transition from residential care. Key work sessions will be written up to reflect the completed work with consideration of the trajectory for future plans. The sessions will be circulated to the young person's key network to ensure all parties are working in the best interests of the young person and their care plan.

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