The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN043033

4 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 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 4 February 2025 between 9.15 a.m. and 5.20 p.m. The inspection was conducted by a care 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.

An area for improvement identified at the last care inspection was met in relation to young people's meetings. Three new areas for improvement were identified with regard to safe recruitment for agency staff, Individual Crisis Support Plans (ICSPs) and restrictive practices.

The inspection findings concluded that care provided was responsive and attuned to young people's needs and demonstrated an approach that balanced safety with personal development.

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.

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 young people, staff and the deputy manager. Discussions with young people indicated they had developed positive relationships with staff, and no concerns were raised regarding the care they received. Some young people initially expressed frustration that staff checked on them while they were in the community. However, they acknowledged that this was linked to their own risk taking behaviour at times and understood the reasons that staff took these steps to ensure their safety. This reflects the balance staff maintained between promoting young people's independence and fulfilling their safeguarding responsibilities.

Young people were observed to be comfortable and at ease in the company of staff. Staff demonstrated positive regard and respect by being attentive, actively listening, and making themselves available to the young people. Interactions were warm, with staff showing an interest in the young people's views and wellbeing.

Feedback from staff was positive regarding team cohesion, communication and relationships within the team and the management team. Staff described working together effectively, ensuring that information was shared and that they felt supported in their roles. They spoke of a positive team culture, where reflective practice and learning was encouraged and facilitated and where their views were valued.

Staff and the deputy manager spoke with compassion about the young people and demonstrated a clear understanding of their individual needs. They described the challenges young people faced and the strategies they used to support them. Staff also described the management team as visible and approachable, noting that they played an active role in supporting the delivery of care alongside the team.

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 14 March 2024		
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 1.2 **Stated:** First time	The registered person shall ensure young people are provided with frequent opportunities to share their views and opinions and contribute towards the running of the home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Are young people receiving care and support which promotes positive behaviour and delivers safe care?

Staff endeavoured to ensure young people's safety and promote positive outcomes. Whilst young people did not always engage with or adhere to staff support and guidance, staff remained committed to building relationships and providing consistent support, ensuring that young people continued to be supported in their development. A relational approach was evident, reinforcing trust and connection while maintaining appropriate boundaries and expectations.

At times, young people took significant risks and were at risk of harm. However, it was evident that staff were working closely with others in the young people's network and other agencies to promote safety and inform decision–making. Staff responded to indicators of concern, demonstrating vigilance and a proactive approach to safeguarding.

Review of records and discussions with staff and the deputy manager demonstrated an individualised approach to the care provided to the young people, this focused on young people's strengths and interests rather than focusing solely on risk taking behaviours. Key work sessions with the young people were noted to be trauma informed, and offered young people space to explore their experiences and personal development.

Staff also supported young people to develop risk competency through key work sessions and safety planning were appropriate, equipping young people with an understanding of potential risks while supporting them to make informed decisions about their own safety.

Incident records were reviewed, with evidence of detailed recording and analysis that informed ongoing care interventions. This approach to reviewing incidents ensured that responses were not solely reactive but were used to shape future support and actions in a way that was reflective and learning–focused.

Staff had access to a range of documents, including care plans, individual crisis support plans (ICSPs) and risk assessments, to support them in caring for individual young people. Advice was given to the deputy manager that some of these guiding documents should be better interlinked and updated to incorporate guidance from multi-disciplinary assessments or meetings. Additionally, some records required improvement to ensure they clearly reflected the author and date of completion, enabling staff to be confident they were referencing the most up to date version. The deputy manager agreed to address this.

The use of group impact assessments was reported to be an embedded practice in the home. A review of records and discussions with the deputy manager confirmed that this approach helps staff to proactively understand both the individual needs of a new admission and how these needs might interact with the existing group dynamics. This approach supports staff to prepare for any challenges or opportunities that might arise when the composition of the group changes.

Therapeutic Crisis Intervention (TCI) is a care model implemented by staff to support the safety and wellbeing of the young people. Young people have Individual Crisis Support Plans (ICSPs) to guide staff in providing support during times of distress or crisis. Whilst it was positive to note that physical interventions are not commonplace in the home and that staff are able to use alternative individualised strategies to ensure the safety of the young people, the ISCPs should clearly outline pre-agreed permissible holds that are appropriate to each young person's specific circumstances and history. This will ensure that any physical intervention is used safely, ethically, and as part of a comprehensive strategy to manage crises. An area for improvement was identified.

Restrictive practices were observed to be implemented within the home as a response to assessed risks and concerns. These practices included both environmental restrictions and young person specific measures aimed at mitigating or reducing risks. However, there was insufficient evidence available to demonstrate that decision making was consistently supported by a comprehensive restrictive practice framework.

A framework to guide and support decision making can protect and promote young people's human rights and support timely reviews and/or timely consideration of reduction plans. It will also provide assurance that any unintended consequences for young people as a result of restrictive measures in place are both understood and mitigated against. An area for improvement was identified

Daily logs sampled provided evidence of staff engaging young people in everyday activities that provided normality and routine, supporting with homework and preparation for school, reinforcing the value of education and daily structure. Additionally, staff took an active interest in young people's milestones, achievement and interests, further demonstrating their commitment to recognising what was meaningful to each young person.

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

Staffing arrangements were reviewed, whilst there were several staff vacancies within the home, the deputy manager provided assurance that the required safe staffing levels were always achieved. Existing staff, the management team and bank (as and when) staff were covering gaps in the rota to ensure young people received consistent and predictable care. It was positive to note that staffing arrangements remained under review with the senior management team, with ongoing efforts to address any shortfalls. New bank staff were undertaking inductions, and following the inspection, feedback confirmed that a further review of staffing arrangements had resulted in the approval of additional staffing.

Arrangements were in place for a member of the management team to attend daily handovers. This provided oversight of daily operations, allowed for staff debriefing and support, and facilitated planning where necessary. As a result, the management team remained informed about events within the home and could assess how well staff were managing their responsibilities.

A review of staff training during the inspection, along with information provided post-inspection, confirmed that arrangements were in place to ensure staff received necessary training to meet the needs of the young people. Where gaps in training, were identified, information was provided, offering assurance that plans were in place to address these shortfalls.

A small number of agency staff were working in the home. A review of agency staff recruitment records maintained by the service did not provide assurance that all required recruitment checks as outlined in The Children's Home Regulations 2005, Regulation 25, Schedule 2 had been completed and were available. Additionally, gaps were identified in the provider's agency staff procedure, as the employment checks were not fully aligned with Schedule 2 requirements. Specifically, the procedure did not ensure a full employment history with satisfactory written explanations for any gaps in employment, nor did it provide verification, so far as reasonably practicable, the reasons for the end of previous positions involving work with children or vulnerable adults. An area for improvement was identified to ensure compliance with safe recruitment practices.

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

Efforts were made by the staff and the management team to create a homely and comfortable environment. Young people had access to various areas within the home where they could relax, in addition to their own rooms. Staff recognised the importance of providing a therapeutic environment and promptly addressing any damage, ensuring the environment remained safe and welcoming. Soft furnishings and lamps were positioned around the home which created a relaxed and calming space.

Discussions with the senior manager following the inspection confirmed that the management team would review the use of the sensory room, which was not being used for its original purpose. Consultation was planned with the young people to determine whether to restore the room to its intended purpose or repurpose it to better meet the evolving needs and interests of the young people. These efforts reflect the service's commitment to maintaining a high quality supportive environment.

Young people were supported to take part and get involved in activities within the community, the level of engagement by individual young people related to the own wishes rather than staff not being encouraging. Staff recognised the importance of fostering connections within the community and encouraging young people to explore their interests and hobbies. This approach helped to promote social engagement and personal development.

The observation of young people vaping in the home during the inspection was discussed with the deputy manager, who acknowledged that this remained an ongoing challenge. Staff consistently addressed the issue with young people, and key work sessions were ongoing to educate them about the risks to their health. The deputy manager agreed to ensure that, where appropriate, this concern would be incorporated into young people's individual care plans, given the potential impact on their health. Additionally, this information will be shared with the wider team around the young person to promote a consistent approach and consider any additional support that may be required.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with person in charge and a senior 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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 1 April 2025	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 young person - it is the least restrictive option and all other options have been exhausted - it has been agreed with the multi-disciplinary team, the young person and/or their representative as appropriate, - there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary. Ref: 5.2.1
	Response by registered person detailing the actions taken: Management team have reviewed files and where restrictive practices are not clearly outlined this has been discussed with key work teams. This has also be discussed at handovers/team meetings to ensure all staff are familiar with the standard of recording required. All restrictive practices for each individual will be more clearly recorded/reviewed in ICMP and other documentation and this will be reviewed by Keywork teams and by way of Care Network and LAC meetings were this is required.
Area for improvement 2 **Ref:** Regulation 25, Schedule 2 **Stated:** First time **To be completed by:** 1 April 2025	The registered person shall ensure the provider's agency staff procedure is reviewed to ensure that safe recruitment checks completed prior to agency staff working in Children's home, are consistent with The Children's Home Regulations 2005. A clear record of these checks should be maintained by the manager and made available for inspection. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Principal Practitioner for Residential Care is working to update the current Agency Staff Procedure in place in NHSCT to align with Schedule 2 of The Children's Homes Regulations

	(Northern Ireland) 2005, alongside Regulation 25 with regard to Fitness of Workers/Safe recruitment.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 April 2025	The registered person shall ensure that Individual Crisis Support Plans (ICSPs) clearly detail the agreed physical holds, explaining why it is necessary and how it supports the young person's safety and emotional regulation. Ref: 5.2.1
	Response by registered person detailing the actions taken: A review of each young persons records has been completed by management team. TTLAAC team and lead trainer for NHSCT have been approached for input regarding holds noted. This will be clearly noted on each young persons ICMP and reviewed as required.

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