The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN043038

6 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:** – Belfast 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**.**	

2.0 Inspection summary

An unannounced inspection took place on 6 November 2024 between 9.30 a.m. and 5.30 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.

Two areas for improvement identified at the last care inspection were met in relation to safe recruitment and complaints. The area for improvement in relation to staff training was subsumed in to a new area for improvement. This is discussed in further detail in section 5.2.2.

Two new areas for improvement were identified in relation to young people's meeting minutes and the governance and oversight of staff training. Concerns were identified in relation to the impact of emergency admissions to the service on young people's lived experience, the stability of the service, and risks within the group dynamic. Concerns were also identified in relation to a lack of sufficient progress with an area for improvement in relation to staff training.

RQIA invited the provider's representatives to an Enhanced Feedback Meeting on 25 November 2024 to address the concerns identified. At this meeting, the representatives provided an account of the actions taken post inspection and further actions planned to drive the necessary improvement required within this service.

RQIA were assured that the senior management team were cited on the concerns identified and had a robust plan in place to drive improvement. This is discussed in further detail in the main body of the report. RQIA will monitor progress in this area as part of future inspection activity.

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

The inspector spoke with young people and staff on the day of inspection.

Young people described positive relationships with key staff and reported that staff frequently engage young people in activities outside of the home. However, some young people reported concerns regarding the impact of emergency admissions and group dynamics within the home; these concerns are discussed in greater detail in section 5.2.1.

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 reported good relationships with the young people and discussed how the team worked well together to provide the best possible care to the young people. Staff also raised concerns regarding the number of emergency admissions, and the subsequent impact on the service, which is discussed in greater detail in section 5.2.1.

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?

Quality Improvement Plan		
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:** Second time	The registered person shall ensure there is a robust process and procedure in place which ensures that the manager has effective oversight of all staff recruitment. Evidence must be available that any staff member employed in the home has been subject to robust and safe recruitment practices.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)		
Area for improvement 1 **Ref:** Standard 17.10 **Stated:** Second time	The registered person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people. A training plan should be returned with this QIP which includes details of actions taken/to be taken so as to address any outstanding training needs for all staff including bank and agency staff.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been subsumed into a new area for improvement regarding effective governance arrangements in relation to staff training. See section 5.2.2.	
Area for improvement 2 **Ref:** Standard 21:10	The registered person shall ensure that a record is kept of the results of investigations; action taken and the level of a complainant's satisfaction with the	

Stated: First time	outcome, in order to ensure robust governance of complaints.	**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 getting the right care at the right time?

Young people's daily logs identified that the quality of recording was of a good standard and the detail reflected 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 therapeutic manner. Discussions with staff confirmed they knew the young people well, how they liked to be cared for, and the agreed strategies that promotes their safety and wellbeing. Staff engaged young people in regular key work sessions, which were focused on supporting young people in areas which were important to them.

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments and Individual Crisis Support Plans (ICSP). Evidence was available that these records were regularly reviewed and updated and reflective of the current risks and needs of the young people. Physical intervention records identified robust recording of incidents and that physical interventions were being carried out in line with young people's ICSPs.

Young people's meetings occurred monthly and were facilitated by staff in the home. The meetings provided an opportunity for the young people to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care. Promoting young people's involvement and active participation in these meetings is essential for supporting young people to influence the way they are cared for and reinforce that their views and opinions matter. The minutes of these meetings did not evidence that actions identified at the previous meeting had been followed up. Young people's meeting minutes should include a review of the previous minutes, to indicate what action has been taken in response to issues raised by young people. An area for improvement was identified.

There had been a number of admissions to the home since the last inspection which had been undertaken in response to an emergency situation. Discussion with young people, staff and the manager identified that this had impacted on the group dynamics and the stability of the home. Young people require stability in their living arrangements in order to feel safe and secure, to build trusting relationships, develop, thrive and reach their full potential. RQIA was assured by the actions the staff in the home were taking in response to the challenges experienced by the young people as a result of emergency admissions.

However, assurance was required that a robust plan was in place to bring stability to the home; which had a clear focus upon identifying learning; ensuring the voices of the young people had been heard, and that this learning would inform admissions planning moving forward.

As outlined in section 5.1. RQIA invited the provider to an Enhanced Feedback Meeting on 25 November 2024 to address the concerns identified and received the necessary assurances that senior management were cited on the concerns and had a robust plan in place to drive improvement. RQIA were assured that admissions decision making had taken cognisance of the risks within the group dynamic; and that the senior management team understood and were responsive to the concerns raised by young people regarding their lived experience in the home. A plan was presented to RQIA which was young person centred and aimed to adopt a collaborative response, engaging with young people to improve the admissions process and to better communicate the impact of emergency admissions on young people to the wider network of staff within children's services. The service will also review their Statement of Purpose (SoP) to ensure this clearly describes the operational management of emergency admissions and any associated procedures.

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

Sampling of the rota and discussion with the manager confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people. Responsive staffing arrangements were evident and are essential to safeguard and promote the health and wellbeing of the young people and ensure adherence to safety plans. Recruitment was ongoing to achieve greater permanency across the staff team.

Evidence was available to confirm that staff employed within the home were subject to safe and robust recruitment practices. This is an essential part of ensuring safe staffing arrangements and safe care for young people within the home.

Group supervision was provided to sessional and temporary staff. This promoted good communication and consistency of care across the staff team. Group supervision also provided those staff with an opportunity to contribute towards the running of the home and the care planning of young people.

Staff training had been identified as an area for improvement for the second time at the last inspection. RQIA were concerned insufficient progress had been made in this area. Training records identified deficits in relation to safeguarding and fire training for staff.

During the Enhanced Feedback Meeting with the provider's representatives on 25 November 2024, RQIA received the necessary assurances that the service now had a robust plan in place to drive improvement in this area. This plan included enhancing the oversight and monitoring arrangements in place for key training for staff. The previous area for improvement regarding staff training was therefore subsumed in to a new area for improvement regarding the oversight and monitoring of staff training. This area for improvement will support the development of robust governance and escalation arrangements, that will ensure staff remain equipped with the necessary skills, knowledge and confidence to deliver safe, effective and compassionate care.

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

The home was nicely decorated and presented as a comfortable, homely space for young people to live; with artwork and soft furnishings being utilised to create a welcoming environment. Young people's bedrooms had been decorated in line with their wishes and feelings. A well maintained and welcoming outdoor space was also available to the young people.

Robust fire safety checks were completed by staff on a regular basis. The records evidenced the consistent completion of weekly fire tests and evacuations. There was evidence of proactive planning for potential risks through Personal Emergency Evacuation Plans (PEEP's) for young people. The fire risk assessment was also up to date with the associated action plan completed.

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

Team meetings occurred on a regular basis; they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people. Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.

Sampling of complaints records evidenced good governance, robust investigation and feedback being sought from complainants as part of the complaints process. This is good practice and supports the home to reflect upon what is working well, what could be improved and supports continuous learning and improvement within the home.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and the provider's senior representatives 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 16 **Stated:** First time **To be completed by:** 29 January 2025	The registered person shall ensure there are robust governance and escalation arrangements in place to ensure effective oversight and monitoring of compliance rates in staff training. Ref: 5.2.2
	Response by registered person detailing the actions taken: The training matrix and training plans have been revised to ensure all staff receive mandatory and developmental training within appropriate time frames.Training needs will be reviewed monthly by the management team and individually with staff in supervision. The monthly reflective governance group chaired by the residential Children's Service Manager will monitor training to ensure compliance and that robust plans are in place to address any deficits in a timely manner.
Area for improvement 2 **Ref:** Standard 1 **Stated:** First time **To be completed by:** 29 January 2025	The responsible person shall ensure that young people's meetings take place regularly, minutes are recorded in a timely manner and reviewed at the next meeting to evidence young people are receiving feedback on issues raised. The minutes should be made available for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: Young people's meetings will take place weekly or more often if required by the group. Minutes will be recorded and shared with the team. These will be reviewed in weekly staff team meetings and feedback on issues that have been raised will be provided to the young people at each meeting.

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

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