The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN043062

2 July and 3 July 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:** South Eastern Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The young people living in this home have been assessed as requiring secure care accommodation. Young people referred to the service are deemed to have met the criteria as defined in The Children (NI) Order 1995 Article 44 and are subject to a Secure Accommodation Order issued by a court. Since the last inspection, the provider has submitted two applications to RQIA to make changes to the registration of this service. The applications sought to include the use of additional facilities by the service, and the temporary addition of a category of care for an identified period of time.	

2.0 Inspection summary

An unannounced inspection took place on 2 July 2024 and 3 July 2024 between 9.00 am and 5.00 pm. The inspection was conducted by care and pharmacist inspectors. The inspection was concluded on 6 August 2024 following review of additional evidence submitted to RQIA post inspection.

The inspection assessed progress with all areas for improvement identified during the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection focused on the lived experience of the young people residing in the home, in order to assess the quality of care from the young person's perspective.

The application to vary the registration to include the use of additional facilities by the service, remains under review at the time of writing this report. The application to vary the registration to include a category of care for an identified period of time; was reviewed during this inspection and subsequently approved by RQIA.

Five areas for improvement identified at the last inspection were met; in relation to restrictive practices, ligature risk assessment, admissions and discharge processes and medicines management.

Four new areas for improvement were identified in relation to consequences, review of incidents, the management of naloxone, and staff training; including fire safety, infection prevention and medicines management.

Review of medicines management found that the young people were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records were well maintained.

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

Inspectors spoke with young people, staff, members of the multi-disciplinary and management teams and independent advocates for the young people.

Inspectors observed that young people presented as comfortable and at ease in staff's company. Feedback from the young people indicated that good relationships existed between young people and staff. Young people said they were provided with opportunities to contribute their views regarding the care they receive and provided positive feedback in relation to opportunities to engage in activities both within and outside of the home.

Some young people indicated dissatisfaction with the food available in the home. Discussion with the management team confirmed that they were aware of this issue and had implemented a range of measures in an effort to resolve young people's dissatisfaction.

Feedback was received from independent advocates who support the young people. They advised that the young people enjoy their time in the home and were positive in relation to towards the level of care, support and engagement they receive from staff.

Feedback from staff provided a positive view regarding support from the management team. Staff reported they were visible and approachable and that all essential support mechanisms for staff were available and effective. Staff spoke therapeutically and in a person centred manner regarding young people and reported positive relationships between staff and 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 8 and 9 August and 1 September 2023		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 20 (1) **Stated:** Second time	The registered person shall ensure that the personal medication records are accurately maintained and signed by two trained staff.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed at met. See section 5.2.6.	
Area for improvement 2 **Ref:** Regulation 20 (1) **Stated:** Second time	The registered person shall ensure that temperature of each medicine storage area is monitored and recorded each day. Corrective action should be taken if temperatures above 25ºC are observed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed at met. See section 5.2.6.	

Area for improvement 3 **Ref:** Regulation 16 **Stated:** Second time	The registered person shall ensure that restrictive practice records are completed in a comprehensive and consistent manner and in adherence to the service's restrictive practice framework.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met and is discussed in section 5.2.3.	
Area for improvement 4 **Ref:** Regulation 11 1(a) (b) **Stated:** First time	The registered person shall ensure that the service's ligature risk assessment is improved to evidence the measures and mitigating actions taken to address identified ligature risks. The ligature risk assessment should also evidence learning from any incidents within the service or regional learning.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met and is discussed in section 5.2.3.	
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 **Stated:** Second time	The registered person shall ensure that they proactively engage HSCT's across the region and other key stakeholders such as the SPPG and DOH to reach a consensus on the agreed processes for admission and discharge of young people to the service; which takes sufficient account of the acuity of the young people and the availability of resources within the service and has a robust mechanism to effectively monitor placement duration, drift, or delay and supports robust escalation where these concerns arise.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met and is discussed in section 5.2.3.	

5.2 Inspection findings

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

Staff had access to therapeutic supports, such as, consultations with psychologists; which informed and strengthened the therapeutic approach used by the service to support young people. The therapeutic supports guided and directed care and support to young people, and contributed to an individualised care plan for each young person.

Young people were engaged in key work sessions on a regular basis. These sessions were attuned to the individual therapeutic needs of the young people and key workers used creative methods to engage young people with the aim of achieving best outcomes.

Good communication amongst all professionals working with a young person is essential for ensuring collective decision making and consistency of care. There was evidence of the Team Around the Child meeting on a regular basis for care planning and information sharing. Feedback was provided to the management team regarding how information is relayed to young people to ensure a consistent and unified approach to communication is maintained between all relevant stakeholders.

Young people were facilitated to spend their pocket money on a range of activities and items in line with their wishes and feelings, and age and stage of development. Rewards and consequences documentation identified the positive use of rewards within the home. The effective use of rewards as an intervention can support young people to develop emotional regulation, resilience and self-esteem.

It was identified, however, that restrictive practices, such as, the use of environmental restrictions in response to immediate risks, were being recorded as consequences. It is important that staff and young people are able to differentiate between an immediate restrictive practice which is being implemented due to risk and a consequence which is being implemented to help the young person reflect and learn new behaviours. An area for improvement was identified.

Young people's meeting minutes identified that young people were provided with regular opportunities to come together as a group to express their views and contribute towards the running of the home. Mechanisms such as young people's meetings can support promoting and maintaining a culture within services that is young person centred, maximises the participation of young people in decision making regarding all aspects of their care, and can lead to improved lived experience for young people. There was, however, a disparity in the quality of recording with some minutes lacking details of discussions or a clear record of actions taken. This feedback was provided to the manager at the end of the inspection for their review and appropriate action. Progress in this area will be reviewed as part of future inspection activity.

Inspectors sampled positive feedback gathered from young people by staff upon discharge from the service. Feedback identified positive relationships between staff and young people; that young people felt supported by staff during their placement; and that young people felt positive outcomes had been achieved. This is good practice, enabling the service to reflect upon what has worked well, and if processes or systems can be improved moving forward.

The service was in the process of developing a mechanism for gathering feedback from young people throughout their placement with the aim of supporting continuous evaluation of the service. The information gathered should be used to guide service development in line with the needs identified by young people and to support positive outcomes for young people. This process, once established and implemented, will support continuous, robust, evaluation of young people's outcomes and lived experience during their placement to ensure they receive the best possible care and support.

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

Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of young people, who can thrive, when they have access to consistent care givers and the opportunity to form stable and enduring relationships.

Feedback from staff provided a view that staffing was a particular challenge within an identified staff team. The management team confirmed there were a number of vacancies within the staff team, and the subsequent reliance on core staff working additional hours, and the use of bank staff to ensure safe staffing levels was evidenced within rota records. Whilst the reliance on additional hours and the use of a consistent pool of bank staff was a necessary measure, it was not a sustainable or reliable position.

Since the last inspection, further progress had been made with respect to the commissioning framework for the service. The senior management team confirmed that the commissioning framework was now at the final stage. In the interim, action had been taken to secure the necessary funding to implement a permanent night staffing model, and it was anticipated this would greatly reduce the reliance on bank staff and stabilise the rota. In addition, recruitment activity remained ongoing to fill vacant posts.

Mechanisms were in place to review staffing arrangements on an ongoing basis to ensure they remained consistent with the needs of the group of young people in the home and responsive to any risk management plans required.

Training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team. However, deficits in some key training areas, such as, fire safety, infection prevention and control and medicines management were noted. An area for improvement was identified.

The senior management team provided assurance that steps were being taken to improve compliance levels amongst the staff team. Assurance was also provided that the training needs of staff are considered when formulating rotas, to ensure that each shift is populated with the right staff, with the required skills, knowledge, and training to meet the needs of the young people.

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

At the time of inspection, a draft commissioning framework for the service was under consultation with relevant stakeholders.
Review of the draft framework confirmed admission and discharge processes were clearly described, resources and acuity of young people's needs were central to decision making, and robust mechanisms were available to monitor placements and ensure timely escalation where required.

The service aims to provide a short term placement for young people who are subject to a Secure Accommodation Order; and referrals to the service are considered by a regional panel. Evidence was available that admissions decisions were informed by a comprehensive assessment of young people's needs, consideration of risks, and the needs of young people already living in the service; in order to promote safety and wellbeing, and ensure young people experience minimal disruption as a result.

Restrictive practices used by the staff team were evidenced as planned, and agreed; this ensured that the least restrictive approach was used to reduce risk and achieve a therapeutic benefit. Advice was provided to the manager to ensure the consistent recording of the completion of post incident chats with young people. Post incident chats are an opportunity for young people and staff to review and learn from an incident together after one occurs. This approach promotes the opportunity for staff to support young people to reflect upon incidents, in a non-judgemental and supportive way.

Since the last inspection, the mechanism to review complex incidents had been reviewed. Membership of the Behavioural Management Review Group (BMRG) had been reviewed and action taken to ensure group members were representative, and aligned to the current behaviour intervention model.

However, further work was required to ensure that all referrals to the group, both current, and historical, were reviewed in a timely manner. The management team confirmed that additional staff, with the requisite skills and knowledge had been identified to sit on the review group, in an effort to achieve the required quorum to convene a review group as required. However, a review should be undertaken of all historical referrals pending review by the BMRG to ensure a targeted, timely and responsive action plan is implemented to address the backlog. An area for improvement was identified.

Evidence was available that the ligature risk assessment proforma had been updated, and the description of hazards, existing controls, and the actions that can be taken if risk is identified for specific young people were clearly documented. Learning from an incident had been taken into consideration, informed risk assessment, and supported review of mitigation actions moving forward. A business case had also been approved and was being progressed to address potential ligature risks within the environment. Progress in this area will be reviewed during future inspection activity.

5.2.4 Medicines management

Young people in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each young person. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they are written and updated to check that they were accurate. Staff were reminded that obsolete personal medication records should be promptly cancelled and archived to ensure that staff do not refer to obsolete directions in error.

Copies of prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Young people will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it may be appropriate to administer these medicines and that records are kept of when and why the medicine was given, and what the outcome was. This enables staff and prescribers to identify common triggers which may cause the young person's distress and if the prescribed medicine is effective.

Directions for use were clearly recorded and staff knew how to recognise a change in a young person's behaviour and were aware that this change may be associated with pain and other factors. Although used infrequently, staff were reminded to document these medicines in the safety and support plan and to record the reason for and outcome of each administration.

Medicines storage

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time to ensure that medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when young people required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each young person could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed.

Satisfactory arrangements were in place for the disposal of medicines, staff were reminded to segregate medicines awaiting return to the pharmacy.

Medicines administration

It is important to have a clear record of which medicines have been administered to young people to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Staff advised that adherence to medication regimens was monitored and young people were promptly reviewed if necessary.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were appropriately recorded in the controlled drug record book.

Management and staff audited medicine administration on a regular basis. Accurate running balances were maintained for all medicines and the date of opening was recorded so that they could be easily audited. This is good practice.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new young people or young people returning from hospital/another setting. Written confirmation of the young person's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

Medicines Governance

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed.

To ensure that young people are well looked after and receive their medicines appropriately, staff who administer medicines to young people must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff use.

Records provided indicated that 38% of staff responsible for medicines management had completed training in medication management for social care staff. Relevant staff had been advised to enrol for this training at the earliest opportunity. An area for improvement is included within the area for improvement regarding training (see section 5.2.2).

Medicines management policies and procedures were in place; these had been reviewed in May 2024.

Naloxone was held in stock for emergency use when required. A policy and procedure for the management of naloxone should be developed. Staff should receive appropriate training and competency assessment.
Safety and support plans should be updated to include sufficient detail to direct staff on the use of naloxone when relevant. 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 Minimum Standards for Children's Homes (Department of Health) (2023).

	Standards
Total number of Areas for Improvement	4

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 3.12 **Stated:** First time	The registered person shall ensure that the home adopts a consistent approach to the use and recording of consequences. Ref: 5.2.1
To be completed by: 28 August 2024	**Response by registered person detailing the actions taken:** With the support of the Governance and Improvement Team, staff will be offered individual or group sessions on the distinction between restrictive practice and the recording of consequences, restrictive practice being underpinned by the need to manage risk whereas consequences are a means of responding to behaviour. The recording of consequences will be monitored and reviewed by team leaders as part of their monthly governance tasks.

Area for improvement 2 **Ref:** Standard 16.4 **Stated:** First time **To be completed by:** 3 October 2024	The registered person shall ensure a review is undertaken of all current and historical referrals pending review by the Behaviour Management Review Group (BMRG) and ensure a targeted, timely and responsive action plan is implemented to address the current backlog. The review should take into consideration any impact on the young people's human rights due to the delay in timely review of these incidents. Ref: 5.2.3
	Response by registered person detailing the actions taken: Currently BMRG panel is held monthly to review all incidents within the centre that meet criteria. Additional panels will be introduced monthly to look at outstanding incidents. There are now trainers within the centre which will increase the frequency of BMRG panels being convened. Team leaders are reviewing outstanding packs for each of their homes with additional panels scheduled to meet the need. Consideration will be given to the potential impact the delay in processing the review of these incidents has had on the young people concerned. Learning will be disseminated in a timely manner to all staff involved and where appropriate, feedback will be provided to the wider network who will agree next steps in terms of how, if it is in the best interests of the young person, the conclusion to this review process is communicated to them.
Area for improvement 3 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 3 October 2024	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people, in areas such as, fire safety, infection prevention and medicines management. Ref: 5.2.2 and 5.2.4
	Response by registered person detailing the actions taken: A review of the current outstanding training for the centre is underway. Currently there is fire warden training in place, bespoke medicine management training is being facilitated within the centre and infection control training is being prioritised by team leads with a timetable in place to ensure compliance. There is a recruitment drive for a Band 7 nurse and part of this role will include medicines management training in practice.

Area for improvement 4 **Ref:** Appendix: Standard 1 **Stated:** First time **To be completed by:** 3 August 2024	The registered person shall ensure that when naloxone is held in stock for emergency use: • it is included in relevant safety and support plan(s) • a policy and procedure is developed/agreed to guide staff • training is provided for relevant staff. Ref: 5.2.4
	Response by registered person detailing the actions taken: The centre's team are aware that the regional guidance on the administration, storage and governance processes around Naloxone has not been sanctioned as yet. It has been agreed that SPPG will table an operational procedure developed by the Belfast HSC Trust, at the regional meeting for Assistant Directors for Corporate Parenting, to consider the temporary regional implementation of this guidance pending the ratification of the regional policy. The time frame for this will be November/December 2024. Within the centre, we will continue to circulate learning lines, monitor expiry dates of the Naloxone on site, continue to liaise with PHA and Community Organisation regarding training for staff. For any child idenitifed as being at risk of opiod overdose, the use of Naloxone in an emergecy situation, will be agreed by the wider multi-discilinary team and included in the young persons KARDEX.

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