The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN043050

16 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:** – Belfast 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.	

2.0 Inspection summary

An unannounced inspection took place on 16 October 2024 between 9.30 a.m. and 5 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.

The inspection found that nine areas for improvement identified at the last care inspection were met in relation to; staff induction; training; home security arrangements; staff access to information systems; the staffing model and transport arrangements. Three areas for improvement also related to the environment.

Two new areas for improvement were identified regarding fire safety and the management of admission in to the home. Concerns were identified in relation to admissions processes, and the impact of emergency admissions to the service on young people's lived experience, stability of the service, and risks within the group dynamic. Evidence was not available on inspection that robust assessments were undertaken to support admissions decision making; and the identification and management of potential risks prior to a young person's admission.

RQIA invited the provider's senior representatives to an Enhanced Feedback Meeting on 13 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 section 5.2.1. 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 person in charge 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 staff and were comfortable seeking their support. They felt confident that staff would listen to them, and respond to their needs. Young people confirmed they were able to contribute their views and opinions regarding the running of the home. Young people described how staff built and strengthened relationships with them through activities and day to day routines. Young people were happy with the environment and the quality of food provided.

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.

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 17 August & 4 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 24 **Stated:** First time	The registered person shall maintain records that evidence staff competency on induction. Records should show that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people accommodated. This should include all agency staff employed within the home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time	The registered person shall ensure a review of the environment is undertaken by the estates department and identified improvements actioned in a timely manner; a review of the home's reporting and engagement arrangements with estates should also take place to ensure environmental issues are reported and actioned in a timely manner, to ensure the fitness of the premises is maintained.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time	The registered person shall ensure that action is taken to resolve health and safety risks in the back garden area; cracks and holes in the tarmac have created a potential tripping hazard.	**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)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 17.11 **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 was met.	
Area for improvement 2 **Ref:** Standard 11 **Stated:** Second time	The registered person shall ensure that a review is undertaken of the home security arrangements to ensure they are effective and support the staff to maintain the safety of the young people at all times while promoting the rights of the young people.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 3 **Ref:** Standard 18.4 **Stated:** First time	The registered person shall ensure that all relevant staff have access to the shared drive to be able to access essential information relating to the care they provide to the young people. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 4 **Ref:** Standard 17.1 **Stated:** First time	The registered person shall ensure a review of the current staffing model is undertaken and action taken to ensure the model is: • Based on the assessed needs of the current group of young people accommodated and; • Incorporates flexibility to respond to temporary or unplanned variation in assessed needs and/or service requirements. The registered person shall engage the support of, and work in partnership with other HSC organisations and organisations/groups to define future need for staffing in children's residential care. The design and testing of future models must be supported by appropriate assurance processes and tools. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 5 **Ref:** Standard 22.2 **Stated:** First time	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 children and young people, and the service.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 6 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure that a review of the external spaces and garden areas is undertaken and action taken to ensure that the environment is suitable for children to use for recreational purposes. Evidence should be available that children and young people have been consulted to inform this review and any potential future plans.	**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?

Agreed strategies that support robust safety planning are essential to ensure that staff interventions promote the young people's safety and wellbeing. Records were available to support and direct staff in their interventions with the young people; such as, safety plans. Evidence was also available that safety plans were regularly reviewed and updated, with the involvement of multi-disciplinary professionals.

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 and young people, 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 and how they liked to be cared for.

Some admissions to the service where undertaken in response to an emergency situation, which greatly impacted upon the capacity for the home to undertake a robust assessment prior to an admission. Whilst there was an assessment framework to support decision making, evidence was not available on inspection that this assessment was always completed in advance of a young person moving in to the home.

Review of group impact assessment records that were completed post admission confirmed that the management team considered the needs of the young people who were already living in the home, identified proposed actions that aimed to reduce any potential risks associated with a new admission, and how the safety and wellbeing of the group as a whole could be promoted.

Young people should receive care in a service where they can develop, thrive and reach their full potential. Decision making with respect to admissions to a children's home therefore need to be supported by a sound understanding of young people's needs, which are then accurately matched to what the service can offer. This assessment process should also consider how the introduction of a new resident might impact upon the safety and wellbeing of young people already living in the service, and the potential risks that the group dynamic may pose.

As outlined in section 5.1. RQIA invited the provider to an Enhanced Feedback Meeting on 13 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. This plan included engaging with staff, young people, and the community social work teams to reflect on what worked well, learn from what had not worked well, and to improve both planned and emergency admission processes moving forward. An area for improvement was identified.

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

Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the appropriate skills, competence and experience necessary to deliver safe and effective care to the young people in the home. A robust induction process not only benefits newer members of staff with integrating into their role, but also helps promote a consistent approach in relation to daily practices within the home. Records confirmed that the service had a framework in place for assessing staff competency as part of the induction process.

Team meeting minutes confirmed that team meetings were held on a weekly basis. Bringing staff together on a regular basis is essential for 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.

Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people and adhere to safety plans. Sampling of the rota and discussion with the person in charge confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people on the day of inspection.

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, therapeutic crisis intervention and fire training.

There was a change to the management arrangements in the home post inspection; RQIA were informed and assured regarding the suitability of the interim arrangements in place.

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

Fire records evidenced that fire safety checks were completed regularly and consistently. However, the action plan resulting from the most recent fire risk assessment had not been completed by the management team; and did not provide the necessary assurance that the recommendations had been actioned. An area for improvement was identified. Assurance was provided post inspection that all recommendations had been actioned.

A tour of the premises identified that improvements had been made to provide a homely environment for the young people. Internally, the home was well maintained and presented as a comfortable, welcoming space. Improvements had also been made to the external environment, to ensure it was a safe and pleasant setting for young people to spend time.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 27 November 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: The Person in Charge (PIC) of the home reviewed the fire file on 17.10.24 and ensured that the fire risk assessment is easliy available to anyone coming the home or wishing to view same. The review date of the risk assessment is February 2025. There was an up to date risk assessment for the Home,

	however it had been filed incorrectly. The PIC provided the risk assessment to the Inspector on 17.10.24. The action plan will be reviewed on a monthly basis by the PIC, signed and dated and a record of any issues requiring escalation noted. All current actions have either been completed or raised with the appropriate Department to progress.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 11 December 2024	The registered person shall ensure that admissions processes are reviewed and improved where necessary. Evidence should be available to confirm placement decision making is based upon; assessment of young people's needs; matched with the Statement of Purpose and capacity of the service to promote the safety and wellbeing of all resident young people. Ref: 5.2.1
	Response by registered person detailing the actions taken: There are plans to improve the admissions process at an operational level. A Task and Finish group is being set up in January 2025 to review and improve the admissions process and communication strategy with field Social Work teams. This will be co-produced with young people. Currently, evidence in relation to the young people's lived experience (including impact of new admissions) is being gathered through the monthly reflective governance meetings, which will inform future pieces of work. The PIC of the Home will ensure that when there is a potential young person being considered as an appropriate match to the Home, a group impact risk assessment will be completed and if admission confirmed, a pre admission meeting will be arranged and collaborative safety plan agreed.

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