

Children's Home Inspection Report
IN043134
4 January 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rgia.org.uk/>

1.0 Service information

Service Type: Children's Home Provider Type: Health and Social Care Trust Located within: – Western Health and Social Care Trust	Manager status: Not registered
Size of home: Children's Home – can accommodate up to six children	
Brief description of how the service operates: The children living in this home have been assessed as having physical and or intellectual needs/disability and in need of short breaks in residential care. Children and young people will be referred to collectively as children throughout the remainder of this report.	

2.0 Inspection summary

An unannounced care inspection took place on 4 January 2024 between 12.00pm and 5.00pm by a care inspector.

The inspection assessed progress with areas for improvement identified during the last care inspection to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Progress had been made in relation to two areas for improvement identified at the last inspection and stated in the Quality Improvement Plan (QIP). The areas for improvement with respect to recruitment checks and handover records were met.

An area for improvement with regard to support plans was partially met and is stated for a second time.

Five new areas for improvement were identified with regard to; fire safety; notification of manager absences; supervision; specialist play equipment; and the physical environment.

The Statement of Purpose (SOP) for this home, in compliance with Regulation 13, of The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996) specifies the number of day and overnight stays that can be provided in a rolling twelve-month

period for children. The home was not operating in compliance with this regulation. This concern was discussed with the provider's representatives post inspection and an application to vary the registration of this service to provide both short breaks and a residential placement was subsequently received. This application remains under review by RQIA at the time of writing this report.

The inspector observed safe, effective and compassionate care delivered in the home and the children were supported by an experienced and qualified staff team. Staff had a detailed understanding of the children's individual needs and positive relationships were evident. Nevertheless, the five areas for improvement identified highlighted that governance processes should be strengthened.

The findings of this report will provide the management team with the necessary information to support further improvement in relation to staff practice and the children's lived experience.

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, 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 children, 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 is provided to children, 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 met with the manager, deputy manager, four staff, one visiting professional and two children during the course of the inspection.

Children, relatives/carers and professionals also had the opportunity to provide feedback via a questionnaire. Questionnaires from carers/relatives were received post inspection.

Questionnaires confirmed that relatives/carers were very satisfied with the care provided and were updated by the staff about any changes to their children's care. Respondents also advised that where children could not be directly involved in decisions about their care due to their communication or cognitive ability, relatives/carers were content decisions made were in their child's best interests. Feedback also reflected the value placed on short breaks for families with children with disabilities as a vital family support mechanism.

Due to the needs of children using this service on the day of the inspection the inspector was unable to communicate verbally with the children. The inspector observed children receiving care and concluded they presented as happy, settled and responded positively to staff interaction and direct care.

It was also clear from observations staff knew how to provide the right care at the right time, including how to communicate with the children to check if they were comfortable or wanted to make a choice.

Staff expressed the view that communication with relatives/carers was regular and of good quality and they were routinely involved in the planning and review of their children's care plans.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection to this service was undertaken on 12 January 2023 by a care inspector.

Areas for improvement from the last inspection on 12 January 2023		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 12 April 2023	The registered person shall ensure that individualised support plans are developed to identify how each of the young people's physical, emotional, and social developmental needs will be understood and promoted.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met. The support plans sampled were not sufficiently outcome focused. They need to be further developed to identify how each of the children's physical, emotional, social, and developmental needs will be understood and promoted.	

Area for improvement 2 Ref: Standard 17 Stated: First time To be completed by: 12 February 2023	The registered person shall ensure that written confirmation of agency staff pre-employment checks are accessible to the registered manager to support safe recruitment and ensure effective governance arrangements. Action taken as confirmed during the inspection: This area for improvement was met. No agency staff are currently used within the service.	Met
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: 12 February 2023	The registered person shall ensure that the information held on handover records is up to date and sufficiently detailed to support daily decision making and delivery of safe and effective care. 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?

Children's support plans were sampled. The support plans identified the children's care needs, how to best support them and aimed to improve their lived experience. Further work is required to ensure that plans are sufficiently outcome focused. They should identify the main care goals for each of the children and the strategies and support mechanisms needed to help them achieve them. This area for improvement was therefore stated for a second time.

Discussion with the manager, review of the physical environment, and sampling of records provided assurance that physical or environmental restrictions in place were proportionate to the presenting levels of risk, and necessary to safeguard the health, wellbeing and safety of both children and staff.

Handover records sampled were reflective of children's lived experiences and contained relevant and key information to support staff in day to day decision making. Action is required however to ensure that staff consistently sign and date handover records so that they comply with professional standards and Northern Ireland Social Care Council (NISCC) codes of practice. Advice was given to the manager to implement an audit process to support improvement in this area.

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

Staff rotas were sampled for the period 1 January 2024 to 28 January 2024. The person in charge on each day was clearly identifiable on the rota and the planned staff were working on the day of inspection.

There was evidence of advance planning by the manager to ensure sufficient staffing and scheduling of regular staff handovers and team meetings. Children's care records and staff rotas sampled provided evidence the staffing arrangements were consistent with the children's assessed needs.

Discussion with the manager and review of records provided further assurance that the management on call and staffing model was responsive to the current and changing needs of the children using the service at any given time.

Staff working in this service must be registered with the relevant bodies such as Northern Ireland Social Care Council, or The Nursing and Midwifery Council (NMC) for example who are responsible for setting standards regarding conduct, training and practice. The system for monitoring registration requirements for staff was reviewed. The inspector was assured that effective governance systems were in place to monitor staff compliance and competence. This approach ensures staff supporting and caring for children in this home are maintaining workforce standards and undertaking professional training that promotes staff delivering safe and effective care at the right time.

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

The premises were sufficiently proportioned in size and living/recreational areas to accommodate the number of children residing within the home.

The interior of the premises was adequately maintained and decorated. Furnishings created a homely environment. Children's bedrooms were equipped with ensuite bathrooms with essential equipment available to meet the needs of children. The manager advised that the bedrooms are accessorised to meet the individual tastes and preferences of each child during their short breaks.

Children have access to a multi-sensory relaxation area that helps reduce agitation and anxiety, promotes play opportunities, stimulates reactions and encourages communication. Some of the sensory play equipment requires either replacement or repair. It is essential that the maintenance service is responsive to the immediate requirements of the children and that damaged equipment is repaired or replaced in a timely manner. This was identified as an area for improvement.

The children have access to a large back garden, safely enclosed by a perimeter fence and contained an outdoor swing and trampoline. The manager advised that the children use these play facilities all year round. A potential fall hazard was identified due to the build-up of moss and leaves on the footpaths and required urgent attention in order to ensure children could access the play areas safely. Additional areas which required attention included the removal of moss from the roof and repainting of windows. Timely maintenance services must be

responsive to the children's right to avail of safe, well maintained environments. This was identified as an area for improvement.

Communal/living room area televisions were enclosed by protective wooden casing to prevent damage. It is essential, where possible that risk reduction measures do not lead to an institutionalised feel in the home. It is recommended therefore that these arrangements are reviewed and where possible alternative arrangements put in place.

A part time cook was employed in the home. The home can provide short breaks for up to six children at a time, some of whom may have special dietary needs. When the cook is not on duty care staff will assume responsibility for the preparation of meals. Advice was given to review the current catering arrangements to ensure that the use of care staff to prepare meals does not adversely affect their availability to meet the care needs of the children.

A designated area for the safe storage and dispensing of medicines, hazardous substances and care records was available to the staff team to support compliance with health and safety and data protection regulations and standards.

Sampling of fire safety records identified that regular fire safety training, fire alarm testing, and fire evacuations were routinely completed. However, the annual review of the fire risk assessment had been significantly delayed. It is essential that annual fire risk assessments and action plans are completed within prescribed timescales to ensure the safety of the children and staff; to ensure continued compliance with fire safety regulations and the provider's Fire Safety policy. This was identified as an area for improvement. A fire risk assessment was subsequently undertaken on 30 January 2024.

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

A review of the management arrangements confirmed the service was operating outside of its current registration. The homes registration certificate did not reflect the current managerial arrangements and required updating. It is essential that the registered provider keeps RQIA informed of any proposed absence of the manager and the interim managerial arrangements in place in a timely manner. This was identified as an area for improvement.

A review of the admissions and discharge ledgers confirmed that the home was not operating in accordance with its SOP, as detailed in section 1.0. The home was providing care on a medium-term basis. RQIA had not been informed of this arrangement. It is essential that the registered person keeps the SOP under review and notifies RQIA of any proposed changes in a timely manner. This was identified as an area for improvement. The registered person must ensure there is robust independent monitoring of ongoing effectiveness and compliance in this area.

Regular, high quality supervision contributes to staffs' professional development and enables them to become competent and reflective practitioners. Feedback from staff confirmed the manager was supportive. Review of supervision records however, demonstrated that staff were not receiving supervision at the frequency recommended by the provider's supervision policy. This was identified as an area for improvement.

Plans to redeploy a temporary deputy manager into the service will provide greater management resource and should enhance governance arrangements. The absence of a permanent deputy manager within the staffing model should be given consideration by the provider. Progress in this area will be reviewed during future inspection activity.

Review of incident reporting procedures and discussion with the manager provided assurance that notifiable incidents or events were reported to RQIA in an appropriate and timely manner.

Sampling of team meeting minutes demonstrated regular scheduling providing staff with effective mechanisms for developing team cohesiveness, problem solving and consistency of approach in respect of how care is delivered.

A visiting professional described the care provided by the staff team as safe and effective; and provided a view that robust training and governance arrangements in place support the safe storage and administration of medicines. Staff spoken with also confirmed they received other essential mandatory training such as Safety Intervention, First Aid, Safeguarding, Moving and Handling and Safeguarding training. Mandatory training enables staff to develop and maintain the skills and knowledge to protect, support and promote the health and safety of the children in their care.

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	4*

*the total number of areas for improvement includes one that has been stated for a second time

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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 31 Stated: First time To be completed by: 4 February 2024	The registered person shall ensure that annual fire risk assessment and fire management plan are completed within the required timescales and actioned to ensure that adequate precautions are in place against the risk of fire. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered Manager maintained contact with the Trust Fire Officer who explained that there was a delay in carrying out the Annual Fire Risk Assessments. The Annual Fire Risk Assessment has been completed.
Area for improvement 2 Ref: Regulation 36 Stated: First time To be completed by: 4 January 2024	The registered person shall ensure that RQIA is notified of any manager's absence exceeding 28 days with respect the anticipated length of absence, the reasons for it and the interim management arrangements proposed. Ref: 5.2.4
	Response by registered person detailing the actions taken: The registered person shall ensure that RQIA are informed of any Managers absence exceeding 28 days with respect to the anticipated length of absence, the reasons for it and the interim management arrangements proposed.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 3 Ref: Standard 6 Stated: Second time To be completed by: 4 June 2024	The registered person shall ensure that all individualised support plans are developed to identify how each of the young people's physical, emotional, and social developmental needs will be understood and promoted. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered Manager shall ensure that all individualised support plans are developed to ensure that the overall needs of the young people are met.

Area for improvement 4 Ref: Standard 17 Stated: First time To be completed by: 4 January 2024	The registered person shall ensure that effective arrangements are in place to ensure supervision is provided to staff in accordance with the provider's policy and procedure in order to monitor adherence to professional codes of practice. Evidence of supervision records must be maintained. Ref: 5.2.4 Response by registered person detailing the actions taken: The registered Manager shall ensure that effective arrangements are in place to ensure that Supervision is provided to staff. Supervision Records are maintained and stored in each individual staff members file.
Area for improvement 5 Ref: Standard 19 Stated: First time To be completed by: 4 May 2024	The registered person shall ensure that all children using the service receive an experience that supports their personal, social and educational development and have access to specialist equipment which enables them to achieve this. It is essential that existing specialist equipment within the service remains operational and is either repaired or replaced. Ref: 5.2.3 Response by registered person detailing the actions taken: Unfortunately, the Sensory Room still requires essential repairs and equipment replaced. These works have been reported again by The Social Work Manager to Upper Management and the Business Manager.
Area for improvement 6 Ref: Standard 11 Stated: First time To be completed by: 4 June 2024	The registered person shall ensure that ensure that the redecoration and maintenance service is responsive to the immediate requirements of the home. Particular attention should be given to; • The maintenance of the garden and surrounding footpaths. • Accumulating moss on the roof of the building. • Exterior window frames due to peeling paint needing repair and repainting. Ref: 5.2.3 Response by registered person detailing the actions taken: The registered Manager has reported these issues to Estates Services. To date the Garden has been attended to.

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