The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN043725

16 September 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:** Not registered-application submitted

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 medium to long term care.

This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).

Since the last inspection, the Regulation and Quality Improvement Authority (RQIA) received an application to vary the registration of the service to temporarily increase the number of placements in the home. A condition was applied to the home's registration to reflect the temporary increase in placements and included a date by which the service was to return to its original registration.

2.0 Inspection summary

An unannounced inspection took place on 16 September 2024 between 9.25 a.m. and 4.25pm p.m. The inspection was conducted by a care inspector. Inspection feedback was provided to the manager and deputy manager on 17 September 2024.

The aim of this inspection was to assess progress with areas for improvement identified at the last inspection, and to assess the impact the current condition on the service's registration was having on the delivery of care and the children's lived experience in this service.

Five areas for improvement from the last inspection were met and one area for improvement with regard to staff recruitment was carried forward for review at the next care inspection. Three new areas for improvement were identified with regard to auditing of handover records, behaviour support plans and key work sessions.

Opportunities for enhancing care records that guide and direct staff interventions were identified; discussions with the management team provided assurances that they understood the improvements necessary and were committed to addressing them.

No concerns were identified with regard to the direct care being provided to the children. However, the anticipated plan for the home to return to its original registration, was no longer viable and there were no definitive plans or timeframes for the service to return to compliance with its registration in relation to maximum places and categories of care.

In addition, concerns were identified with regard to the staffing arrangements required to meet the needs of the children.

RQIA met with the provider's representatives on 7 October 2024 to discuss the inspection findings and the provider's action plan to return the service to compliance with its registration, and improve the current staffing position. At this meeting, the provider's representatives advised that they were committed to returning the home to its original Statement of Purpose (SoP) and registration; RQIA also received assurance regarding the provider's action plans to ensure staffing and care arrangements are aligned to the needs of the children.

A revised SoP was subsequently submitted to, and approved by RQIA as a temporary arrangement for an identified period, and a new condition was placed on the current registration of the home. This approach will support the provider to progress alternative care planning arrangements for identified children as appropriate. In addition, it was agreed monthly monitoring reports on the conduct of the home, submitted to RQIA in accordance with Regulation 32 (5) (a) of the Children's Homes Regulations (Northern Ireland) 2005 would provide updates on progress with the plans for the service returning to compliance with its registration in relation to maximum places and categories of care.

Following the inspection, the manager's application for registration with RQIA was subsequently approved.

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 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 was 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 children, staff, the manager and deputy manager as part of the inspection process.

The inspector observed the children and their interactions with staff on the day of inspection. Children who were less able to tell us about how they found life in the home were observed to be relaxed in their surroundings and engaged well with staff. Other children described how they felt safe in the home and spoke enthusiastically about the activities they enjoy that are facilitated by the staff team in the home.

Staff exhibited warmth and kindness in their interactions with the children, showing attentiveness and actively engaging with them throughout their activities. Whilst staff and the management team acknowledged that the size and space available in the environment can be challenging to meet the diverse needs of the children; staff were observed effectively utilising the home environment to provide the children with individualised care and opportunities to enjoy their preferred activities.

Staff demonstrated confidence and ease in their interactions with the children, fostering a comfortable, calm and trusting environment.

Discussions with staff and the management team confirmed they knew the children well and understood each child's needs and preferences, allowing them to provide child centred care.

Feedback from staff established that the manager provided strong support to the staff team, through their open communication style. The manager was proactive in addressing any areas of concern promptly, fostering a positive, reflective and solution focused environment.

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 5 January 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 16 **Stated:** Second time	The registered person shall ensure that for all restrictive practices is place there is a clear record that reflects who has been involved in determining and agreeing the need for the restriction, that the least restrictive option is being used and the timescales within which the restriction will be reviewed.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 11 (1) (b) **Stated:** Second time	The registered person shall ensure that handover records are improved to ensure there is evidence of clear shift planning for each young person and they clearly demonstrate staff responsibility for allocated tasks.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been subsumed into a new area for improvement. This is discussed further in section 5.2.1.	
Area for improvement 3 **Ref:** Regulation 24 (1) & (2) **Stated:** Second time	The registered person shall ensure that all new staff complete a robust induction process and that induction records are available for inspection. Induction records should evidence 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.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Regulation 25 **Stated:** First 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. This process and procedure should also ensure that evidence is available at all times which demonstrates that any staff member employed in the home has been subject to robust and safe recruitment practices.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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 17.12 **Stated:** Second time	The registered person shall ensure that there is evidence of regular individual supervision for all staff that is delivered at intervals consistent with the trust and homes policy in this regard.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 2 **Stated:** Second time	The registered person shall ensure that the care plans for the young people are improved to ensure that a more goals/outcome focused approach. The positive behaviour support plans in place should also be reviewed and further developed to ensure appropriate strategies are in place to guide and support staff. The plans in place further need to be reviewed and signed off by management.	**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 children are getting the right care at the right time?

Records that guide and direct staff interventions and care for the children were reviewed,

Every child is unique and this was evidenced within the care plans sampled which provided personalised and detailed information with regard to each child's specific needs and preferences. It was positive to see the progress the service has made with regard to developing a more goals/outcome focused approach within care plans.

Goals help focus staff on achieving tangible improvements in the child's wellbeing, ensuring that the child's development, health and emotional needs are addressed effectively. Further work is now required to ensure this approach is embedded within care plan reviews and the planning of key work sessions. Measuring progress against goals identified allows children and staff to track progress over time, which helps to motivate the children foster a sense of accomplishment, builds self-confidence and a positive self-esteem.

Whilst, there was evidence of some meaningful key work sessions such as supporting children with independence skills and visiting new places, the frequency and focus of key work sessions were ad hoc. Having a structured plan for key work sessions with the children is essential to ensure that interventions are focused; purposeful; and directed towards the child's specific needs and goals. A well thought out plan supports consistency and continuity in care. Documenting key work sessions and implementing effective auditing arrangements also ensures accountability for the interventions carried out and helps identify any gaps which can lead to improvements. An area for improvement was identified.

Behaviour support plans for children who may experience distressed reactions are essential for caring for the child in a safe, structured, compassionate and supportive way. The plans available for the children helped staff prevent and de-escalate situations where a child may become distressed, avoiding the need for a physical restraint. However, when a restraint is necessary, the behaviour support plans should clearly outline the agreed techniques to ensure the child's physical safety and reduce risk of harm. An area for improvement was identified.

Handover records are a key communication tool between staff members across shifts to ensure that important information about each child is shared effectively. Discussions with the manager established that the service have been challenged in developing a well-designed handover record that meets the needs of the service without becoming too complex to complete under time constraints. This has been identified by the manager as an area for further development and the inspector is satisfied that the manager has a clear understanding of the importance of shift planning and driving improvement in recording practices amongst the team. A new area for improvement was identified with regard to ensuring implementation of audit arrangements of handover records which; monitors their effectiveness; guides staff on what is essential to report and drives improvements.

It was encouraging to receive feedback from staff and the management team with regard to tangible improvements in the children's behaviour, emotional wellbeing, and overall development while living in the home; these positive outcomes experienced by the children is an indication that the delivery of care in the home is effective.

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

The inspection findings confirmed that effective staff support arrangements were in place, attributed to strong management support and a commitment to completing competency based inductions with staff. Effective team meetings further enhanced open communication and collaboration among the staff, whilst an emphasis on access to staff supervision ensured that staff received the guidance and support necessary to perform their roles effectively.

However, discussions with staff and review of records identified that there was a significant shortfall in the substantive staffing arrangements required to meet the current needs of the children. The staffing rota was reliant upon staff undertaking overtime, the use of bank and agency staff, with the management team also supporting the direct care of the children on occasions. This was not a sustainable position.

The inspection findings also identified a number of occasions in recent months when minimum staffing levels had not been achieved. Discussions with the management team and the provider's senior management team provided assurances that on such occasions, structured

reporting mechanisms were in place to escalate the staffing issues, which supported problem solving discussions and review of shift plans to ensure care was safe.

During a meeting on 7 October 2024 the provider's senior management team provided assurances regarding the ongoing staff recruitment plans, as well as the interim measures that are in place to ensure safe staffing levels and care arrangements are tailored to the needs of the children.

5.2.3 How does the service promote a child's rights based approach?

Discussions with the staff and the management team highlighted the use of tailored strategies to ensure that children's views are heard and that they can make choices with regard to their day to day care. For children with no or limited verbal communication, staff supported them in using alternative communication methods. Staff were also skilled at observing children's non-verbal cues, enabling them to adapt interventions effectively.

The service has recently engaged with an independent advocacy service to undertake regular visits to the home. However, this collaboration needs to be further embedded and strengthened to ensure that the needs and perspectives of all children, including those who are non-verbal, are effectively represented and supported. At the time of the inspection arrangements were being made to progress this work.

There was evidence that complaints from the children were taken seriously, with procedures in place to ensure their concerns are acknowledged and addressed. Advice was provided to the manager to ensure outcomes of complaints are fully recorded.

A review of restrictive practices identified they were used only in response to identified risks, with consideration given to ensure interventions were both necessary and proportionate. While there was evidence of ongoing assessment and review of restrictive practices to ensure children were not subject to arbitrary restrictions, the manager was advised to ensure that minutes of multi-disciplinary meetings where restrictive practices were agreed upon or reviewed are maintained by 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 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*	3

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

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 25 **Stated:** First time **To be completed by:** 10 May 2023	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. This process and procedure should also ensure that evidence is available at all times which demonstrates that any staff member employed in the home has been subject to robust and safe recruitment practices. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 2 **Stated:** First time **To be completed by:** 11 November 2024	The registered person shall ensure there is a structured plan for key work sessions, accompanied by effective audit arrangements. Ref: 5.2.1
	Response by registered person detailing the actions taken: Team leader has asked staff to complete two key work sessions per month and has observed a greater number of key work sessions being recorded. Team leader to audit this at the end of November 2024 to ensure planned ley work sessions are recorded. Audit of key working sessions to take place quarterly there after.
Area for improvement 2 **Ref:** Standard 3 **Stated:** First time **To be completed by:** 11 November 2024	The registered person shall ensure behaviour support plans clearly reflect any agreed/permissible physical interventions. Ref: 5.2.1
	Response by registered person detailing the actions taken: Care plans have been updated to reflect physical interventions staff can use, if needed in order to keep the young person or others safe.

Area for improvement 3 **Ref:** Standard 16 **Stated:** First time	The registered person shall ensure that appropriate auditing of handover records is implemented, promoting continuity of care and enhancing staff accountability. Ref: 5.2.1
To be completed by: 11 November 2024	**Response by registered person detailing the actions taken:** Audit of handover document to be completed at the end of November 2024. A new handover document is in place as of 7.11.2024 which reflects RQIA recommendations following inspection. Hand over document to be reviewed with residential managers and audited quarterly.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews