

Children's Home Inspection Report
IN044011
12 June 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: Not registered
Brief description of how the service operates: This home is registered as a children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023) . The children living in this home may have had adverse childhood experiences which has resulted in them requiring residential care. A time limited variation to the registration of the service to include learning disability as a category of care had been approved by RQIA prior to inspection. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced care inspection took place on 12 June 2024 between 9.30 am and 5.00 pm 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.

Areas for improvement identified at the last care inspection with respect to staff training, handover records, the environment, and complaints procedures were assessed as met. Four new areas for improvement were identified with respect to restrictive practices, staff appraisal, first aid training for staff and the environment.

Young people were supported by a stable, experienced, trauma informed staff team. The management team were visible to the staff team, and provided regular and effective support to them. This approach resulted in coordinated, planned, and consistent care being provided to the young people in this home.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

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 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 the manager, staff and young people during the course of the inspection. Young people, carers/relatives and visitors also had the opportunity to provide feedback via a questionnaire.

Feedback from young people on the day of inspection told us that they liked living in the home and that they had good relationships with staff. Feedback from parents described the care provided to the young people as safe and supportive.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and the level of support received from the current management team. Staff feedback provided a view that there was an open culture amongst the staff team, supported by therapeutic staff support mechanisms which included reflective practice, staff huddles, and regular team meetings.

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 25 May 2023		
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 11 Stated: Second time To be completed by: 25 July 2023	The registered person shall ensure that all staff complete fire safety training on a six monthly basis as reflected within the minimum standards.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: 15 June 2023	The registered person shall ensure that recording practices within handover records are in line with professional standards; with completed daily entries consistently signed and dated by completing staff members.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 17 Stated: First time To be completed by: 18 September 2023	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the children and young people in keeping with the practice model adopted by the home. Staff must complete Infection Protection and Control, First Aid, Health and Safety Awareness and Complaints Management training as required in accordance to their role. Ref: 5.2.2 & 6.0	Met
	Action taken as confirmed during the inspection: Evidence was available that progress had been made with respect to staff training. However further improvement was required with specific reference to First Aid training.	

	This area for improvement was therefore met, and a new area for improvement identified with respect to First Aid training. See section 5.2.2 for further detail.	
Area for improvement 4 Ref: Standard 11 Stated: First time To be completed by: 18 September 2023	The registered person shall ensure that the redecoration and maintenance of the home is responsive to the immediate requirements of the home and that damage, however minor, is repaired quickly with specific reference to: • One lower staircase tread board is not securely fastened and requires repair. • The front garden area is untidy and requires regular maintenance. • Paint is peeling of the front facing walls of the building and requires repainting. • Front windows of the building were dirty and require regular cleaning. Ref: 5.2.3 & 6.0 Action taken as confirmed during the inspection: Evidence was available that progress had been made in this area. However, the front facing walls of the building had not yet been repainted. Therefore, this area for improvement was met, and a new area for improvement was identified with respect to repainting the exterior of the building. See section 5.2.3 for further detail.	Met

Area for improvement 5 Ref: Standard 21 Stated: First time To be completed by: 25 July 2023	The registered person shall ensure that young people are able to and are encouraged to sign the complaint record to indicate their satisfaction or otherwise with the management and outcome of the complaint. Action taken as confirmed during the inspection: This area for improvement was met.	Met
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5.2 Inspection findings

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

Environmental restrictions within the home were reviewed. The young people have restricted access to the staff office, staff bedrooms, and storage rooms for medication and hazardous substances. These restrictions were found to be in keeping with the presenting levels of risk, compliant with data protection regulations, and necessary to safeguard the health, wellbeing and safety of both young people and staff.

Communal living areas within the home were not always accessible to the young people. Restricted access to the kitchen and living room areas at night time was supported by a restrictive practice risk assessment. Evidence was not available that this restrictive practice was subject to agreement and regular review within a multi-disciplinary forum.

Actions that restrict young people should have clear justification based on a robust assessment of risk; with clear evidence that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and is agreed with the multi-disciplinary team, in consultation with the young person and relevant others. An area for improvement was identified.

Young people's care records and risk assessments were sampled. Risk behaviours, the triggers for such behaviours and the strategies in place to reduce the risk of harm were clearly documented. Care plans were up to date, with evidence of clear setting and review of therapeutic goals to support young people to achieve their aspirations.

Discussions with staff confirmed they understood how trauma and adverse childhood experiences can influence young people's responses and interactions with other young people and staff. Staff demonstrated they had the required knowledge and skill to respond to young people in a sensitive and skilled manner. This approach supports building meaningful and lasting relationships with young people

Review of behaviour management records demonstrated analysis by the manager of the effectiveness of staff interventions. Managerial review of staff decision making identifies outcomes achieved, good practice used and any subsequent learning. This promotes a consistent, trauma informed response to understanding and effectively managing young people's behaviour.

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

Staff rotas were sampled and provided evidence that the staffing arrangements were consistent with the young people's assessed needs. There was evidence of advance planning by the manager to ensure the scheduling of regular staff handovers, team meetings and the operation of a management on call system to provide additional support to the staff team and young people when required.

Staff working in this service must be registered with the Northern Ireland Social Care Council (NISCC) who are responsible for setting standards for Social Workers and Social Care Workers for their conduct, training and practice. The system for monitoring NISCC registration requirements for staff was reviewed and provided assurance that effective governance systems were in place to monitor compliance with registration requirements and competence of staff.

Feedback from staff and review of records confirming that essential training was available to staff within the service, and progress had been made with identified training since the last inspection. However, further improvement was required with respect to first aid training. An area for improvement was identified.

Annual appraisals enable staff and the manager to review their performance against their job description and to agree personal development and training plans. The completion of annual appraisal and essential professional training ensures staff supporting and caring for young people in this service are maintaining workforce standards and promoting the delivery of safe and effective care at the right time. Inspection of records identified that not all staff had been completed their annual appraisal. An area for improvement was identified.

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

The interior of the home was tidy, and had a lived in feeling. A number of comfortable, communal areas were available for the young people to use. Fencing around the perimeter of the back garden created a secure, private and relaxing area for the young people.

The majority of the areas for improvement identified in the last inspection to improve the physical environment had been addressed. The recommended repainting of the exterior of the house however remained outstanding and this was therefore identified as a new area for improvement.

The manager advised of plans to complete a refurbishment of the interior and exterior of the building in June 2024. This plan included repainting of the exterior of the house. The plan of works, once complete, will improve the overall presentation of the home.

Sampling of fire safety records identified regular fire alarm testing, fire evacuations and annual fire risk assessments were regularly completed, reviewed and updated in accordance with the provider's fire safety policy.

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

Reporting of notifiable incidents to RQIA is required in accordance with schedule 5 of The Children's Homes Regulations (Northern Ireland) 2005. Discussion with the manager provided assurance that notifiable incidents reported to RQIA since the last inspection had been managed effectively. The manager was able to identify learning achieved and steps taken to improve practice.

It is essential that feedback from young people is regularly captured and actively used to shape how care is delivered in the home, and achieve improvement within the home. This approach empowers young people to have ownership over their own lived experience in the home. Young people's meetings minutes demonstrated that regular meetings were being scheduled, consistently recording the views of the young people, and seeking the young people's point of view regarding what was working well, and what could be improved.

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

Review of the managerial arrangements demonstrated that both the current manager and two deputy manager positions continue to be filled on an interim basis. Progress with staff recruitment will be monitored by RQIA through monthly monitoring reports and in future inspections of the home. Monthly monitoring reports are provided to RQIA in accordance with schedule 6 of The Children's Homes Regulations (Northern Ireland) 2005 and provide a review of the overall quality of the care provided within the home by the care provider.

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	4

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 17 Stated: First time To be completed by: 30 September 2024	The registered person shall ensure that all relevant staff complete First Aid training as required in accordance to their role. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All relevant staff have been booked on to a series of bespoke first aid trainings, which commenced from 16.07.24.
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 30 September 2024	The registered person shall ensure the front facing walls of the building are repainted. Ref: 5.2.3
	Response by registered person detailing the actions taken: This job is currently out with the contractor for completion. There was a previous plan in place to decant the home and complete all outstanding estates work, however, this had to be postponed due to the needs of the young people. Instead, all estates work will be completed over a longer timescale to minimise any impact on the young people. Weekly estate meetings chaired by PSW commencing 15.08.24, outside of and additional to the bi-monthly residential estates meetings to focus on the specific plan and timescales for the Home. RQIA will be kept up to date by the registered Manager on a monthly basis with progress of this.
Area for improvement 3 Ref: Standard 11(8) Stated: First time To be completed by: 12 August 2024	Young people are unable to access the kitchen and living room areas at night time. The registered person shall ensure that any restrictions on normal movement within the home are not used unless it is assessed as being a last resort, essential to safeguard and promote the welfare of the young people and subject to agreement and regular review by relevant stakeholders. Ref: 5.2.1
	Response by registered person detailing the actions taken: When this practice is assessed as necessary, this will be reviewed during professional meetings /correspondence with relevant stakeholders, team meetings and young people's meetings, in order to ensure robust decision making that is safe, proportionate and effective to the young people's care. This will take into account the impact of group dynamics,

	balanced with the young people's individual needs. The rationale for decisions will be documented on the residential restrictive practice pro-forma/staff huddle pro-forma. This will be subject to weekly review.
Area for improvement 4 Ref: Standard 17 (14) Stated: First time To be completed by: 31 October 2024	The registered person shall ensure that all staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development and training plans. Ref: 5.2.2
	Response by registered person detailing the actions taken: Management had previously registered their interest in SDR training in order to facilitate this effectively, however the training had been temporarily postponed due to Encompass training taking priority. In the interim, a bespoke session for Home management team has been booked with a previous SDR trainer for an overview at the end of August, for management to progress staff SDR's from this date. The formal BHSCCT SDR training is due to commence on 20.09.24, with the management team booked to attend. Following this all staff will receive their appraisal by 31.10.24.

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