The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN044047

26 March 2025

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: This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023). The children living in this home have had adverse childhood experiences which has resulted in them requiring residential care. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 26 March 2025 between 9.15 a.m. and 4.45 p.m. The inspection was conducted by a care inspector.

The inspection focused on the arrangements in place to promote the health and wellbeing of the young people. The inspection focus also included review of young people's involvement in decisions regarding their health and wellbeing.

Review of records identified effective communication with relevant others to meet the health and wellbeing needs of the young people. Input from specialist teams where appropriate was also evidenced. Review of records identified ongoing communication with young people to ensure they were involved in all decisions regarding their health, wellbeing and future plans.

Observation of care and interactions with staff and young people identified a dedicated staff team who demonstrated positive relationships with young people. The young people were observed to be relaxed and at ease within the home and interacted freely with staff. They were spoken to respectfully and it was evident that staff had a detailed understanding of the young people's individual needs.

The management team were visible role models and their leadership approach supported a culture that was respectful and supportive to both staff and the young people.

The inspection also focused on progress made in relation to areas for improvement identified during the last care and pharmacy inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Two areas for improvement identified during the previous care inspection were assessed in relation to restrictive practices and behaviour management was also met. No new areas of improvement were identified.

Upon registration of this service, a condition had been placed upon the registration to add a further bathroom facility to the premises by an identified date. The inspection process confirmed this work had been completed. Feedback from young people and staff expressed the view that the added bathroom facility had been a positive addition to the home, improving the lived experience for young people, and their right to privacy. RQIA have now progressed the removal of this condition on the registration of the service.

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

The findings of this report will provide the manager with the necessary information to improve staff practice and young people's 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, 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

The inspector spoke with the manager, young people and staff during the course of the inspection.

Feedback provided a positive view regarding managerial support as well as good relationships within the team. Staff also expressed that they had positive relationships with the young people and encouraged them to be involved in decision making regarding their own health and wellbeing and to participate in review meetings about their care. Staff also confirmed that they felt positive about their roles and had a clear understanding of communication processes to escalate any issues or concerns to the management team.

Young people told us that they liked living in the home and that there were good relationships with staff. The young people were relaxed in the home and engaged well with staff.

Questionnaires were received post inspection, from young people who confirmed that they felt safe within the home and that staff were mainly there when they needed to talk. They advised that, the majority of time, they discussed any decisions they had to make regarding their health and life choices with staff but added that family and carers were also involved in helping them make decisions. Feedback was given to the manager for review and follow up where required.

5.0 The inspection

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

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 12 November 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Standard 11

Stated: First time

To be completed by:
11 May 2024</td><td>The registered person shall ensure that in the review of restrictive practices clear written records are maintained which demonstrates the continuing need for the level of restriction used; proportionate to the presenting levels of risk and necessary to safeguard the health, wellbeing and safety of the young people. Restrictions imposed should be for the shortest possible period and be subject of regular review.</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
</table>

Area for improvement 2 **Ref:** Standard 3 **Stated:** First time **To be completed by:** 11 May 2024	The registered person shall ensure that governance arrangements are put in place to ensure that staff are consistently using a proportionate, consistent, fair and measured response to managing young people's behaviour.	**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 promote and protect the health and wellbeing of the young people?

The management team advised that the implementation of the Northern Ireland Framework for Integrated Care (NIFIC) had been progressed within the home with positive effect. The assessment of young people's health and wellbeing needs and their progress was supported by this framework. Records evidenced detailed information was maintained with respect to young people's specific needs, health professionals involved in the care of young people were clearly identified, and engagement with specialist teams and referrals to other agencies were documented.

Evidence was also available with regards to review of young people's health and wellbeing needs. Records evidenced young people's views, opinions and wishes were sought and documented. Discussion with staff and the management team provided assurance that young people were actively encouraged to be involved in the review of their health needs, were encouraged to attend review meetings and were supported by staff at these meetings.

The management team confirmed that a comprehensive assessment of the young person's health needs prior to admission would be completed, each young person was registered with a General Practitioner (GP) and the Looked After Children's (LAC) Nurse provide support, advice and training for specific, individual health issues identified.

Review of young people's records also identified risk behaviours and triggers; with safe care plans in place to reduce the risk of potential harm. Evidence of review was also noted which included discussion and input from the young people. The manager advised that positive behaviours were promoted within the home and provided evidence of a reward scheme that had been introduced for young people. This was reported to have had positive outcomes for the young people.

5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

A robust training matrix was in place within the home to monitor compliance with training and each staff member had an individual training plan in place. The management team reviewed training on a regular basis and an annual plan was discussed and shared with staff. The management team confirmed that training and learning opportunities for staff were supported and promoted. Key training areas were prioritised and dates arranged as and when required.

Training required to meet any specific health needs of young people was supported by the LAC nurse. This approach ensures staff can be confident and competent in delivering care; and supports them to work in partnership with specialist teams where required.

Staff reported that a robust induction was in place; with protected time made available to complete necessary training.

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

The care and support observed on the day of the inspection was person centred and fostered a culture within the home that was supportive, inclusive and respectful.

The management team advised that processes were in place to support the delivery of effective, consistent care to the young people. Staff handovers, monthly team meetings, supervision and reflective practice forums were in place; and supported effective communication. These mechanisms provided staff with the opportunity to review their practice and ensure this was aligned with the young person's needs.

Staff confirmed that these processes were useful for their professional development and were a positive learning experience. Staff also confirmed that the management team were supportive, available if they had any concerns or issues, and they felt listened to and valued as a member of the team.

Review of medicines management records demonstrated effective recording of medicines, checking of stock levels, including controlled drugs and records of medications transferred out of the home. There were also effective auditing processes in place to ensure staff were trained and competent to manage medicines and to ensure safe effective medicines management within the home.

5.2.6 How does the service ensure that the home environment meets the needs of the young people?

The home was clean, tidy, warm and well maintained. The external area at the front of the home was also well presented.

The living room was homely, bright and welcoming. The kitchen was a communal space where staff and young people could enjoy meals together.

The introduction of a new bathroom had a positive impact on the young people and staff. Young people had been given opportunity to take an active role in the design and decoration of this space.

Young people had also been afforded opportunity to personalise their bedrooms to their own tastes and were encouraged and supported to keep their private space clean and tidy.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with manager as part of the inspection process and can be found in the main body of the report.

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