The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN044048

5 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:** – Northern 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 and young people 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 5 September 2024 between 9.00 a.m. and 5.30 p.m. The inspection was conducted by a care inspector.

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

All areas for improvement from the last inspection were met and one new area for improvement was identified with regard to restrictive practice governance arrangements.

Review of records, observations of care, and discussions with staff and the management team identified that staff were committed to providing young person centred care. In addition, the young people had access to a network of professionals to support and guide their care.

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.

The management team were supportive of staff and readily available to provide advice and guidance to them.

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 a senior manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff, the manager and the social work service manager.

Questionnaire responses were received from young people, parents and staff members. Feedback indicated dissatisfaction with regard to a number of issues; this information was shared with the manager who agreed to follow up and address with the relevant individuals.

Staff questionnaire responses evidenced they were very satisfied that care was safe, effective, compassionate and the service was well led.

The inspector offered to meet with the young people as part of the inspection process, and they engaged at a level that felt comfortable for them. Observations of the young people's interactions with staff indicated that they were at ease in their presence and responded well to staff encouragement and guidance. Staff were responsive to the young people's needs and were proactive in making individualised arrangements to support the young people to engage with planned activities for the day.

Staff demonstrated an understanding of each young person's needs and underlying factors influencing their behaviours. They described a consistent approach to supporting young people's individual needs within complex group dynamics and were attuned to the potential impact on the lived experiences of each young person. The staff and management team emphasised the importance of shift planning and their collective responsibility in delivering co-ordinated individualised care and support to the young people.

Observations and discussions with the staff and management team indicated they were motivated and committed to their role in supporting and safeguarding the young people. Staff engaged in ongoing conversations with the young people with regard to keeping themselves safe and making good choices. Young people were involved in influencing their daily plans and opportunities were sought for the young people to engage in activities they enjoyed and contributed to developing their self-esteem.

Staff described effective communication between the team and confirmed access to formal and informal opportunities for discussing any issues or concerns with the management team.

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 27 June 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 ensure that there is a sufficient number of suitably qualified, competent and experienced persons working within the service.	**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 (10) **Stated:** First time	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 and the practice model adopted by the service.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 17 (7) **Stated:** First time	The registered person shall ensure that all staff within the service complete induction to ensure they are clear about their roles, responsibilities and accountability. Written evidence of induction must be maintained.	**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?

Review of care records evidenced that young people had care and risk management plans in place. The plans were individualised; appropriate to their specific needs; with strategies identified to manage risks that were responsive and compassionate. These documents guided and supported staff in their interventions and were subject to regular review. Regularly reviewing and monitoring plans helps to ensure that interventions remain relevant and effective.

However, further development is required to strengthen evidence of the participation and collaboration with young people and relevant others within pertinent records, such as care plans. Signatures from all parties, confirm that the care plan has been discussed, understood and agreed upon. This ensures clarity about roles, responsibilities and expectations. This approach was discussed with the senior manager who agreed to review and action alongside the management team.

Individual safety plans were practical and focused on preventing harm while supporting and maintaining the young person's autonomy.

There was evidence of regular multidisciplinary collaboration to identify and support the young people's holistic needs. This included the scheduling of meetings to assess risks, and plan appropriate interventions to promote better outcomes for each young person.

Advice was given to the senior manager that the young people's individual crisis support plans, which outlines specific interventions, supports and strategies to ensure safety and reduce distress for young people when navigating stressful situations, should be reviewed to ensure they incorporate all relevant specialist assessment. This will help ensure a thorough and accurate plan that addresses the young person's needs effectively.

Daily logs provided an overview of the young people's day to day lived experience. Records demonstrated staff's compassionate and supportive responses to the young people and engagement in a variety of activities. However, there were occasional gaps in documenting efforts to encourage positive morning routines, which are essential in promoting structure for young people and their wellbeing. Addressing these recording gaps will ensure a more complete understanding of staff interventions and promote opportunities for further enhancing care.

Young people were consulted informally on a daily basis regarding their care by the staff team, and they also had access to independent advocacy services via monthly visits from the Voice of Young People in Care (VOYPIC) advocate. The young people's feedback was routinely shared with the staff team during monthly team meetings; the manager agreed to ensure this is added as standing agenda item.

There was an established process for recording incidents, including oversight by both management and senior management teams. Whilst follow up actions were documented, some records only reflected procedural steps. Discussions with staff and the management team confirmed that incidents were reviewed through a trauma- informed lens, and therapeutic responses were provided to guide individual work with the young people. However, this was not always clearly reflected in the incident records. To improve this, it was recommended that records clearly document trauma informed reflections and therapeutic interventions. Providing clear examples of how these principles are applied in practice will not only enhance the quality of records, but will support reflecting upon what has worked well for young people, and will support future decision making.

Some restrictive practices were in use within the home. Staff were utilising proportionate and an individually assessed approach to behaviour management. Discussion with the senior manager clarified the use of restrictive practices was considered by staff to be an option of last resort and implemented only when necessary and in proportion to the risk of harm if no action is taken.

However, there was insufficient written evidence available demonstrating that decision making was supported by a comprehensive restrictive practice framework. A framework to guide and support decision making can protect and promote young people's human rights and support timely reviews and/or timely consideration of reduction plans. Such a framework should confirm that restrictive practices are implemented in partnership with the multi-disciplinary team, the young people and their carers/relatives, as appropriate. Additionally, it should evidence built in review mechanisms to ensure restrictive practices remain appropriate and to support evaluation of effectiveness. An area for improvement was identified.

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

Staffing arrangements were reviewed. Discussion with staff and young people did not raise any concerns regarding the availability of staff. There were no staff vacancies and the service had an established cohort of experienced bank (temporary) staff to support the rota if needed. This ensures operational continuity and supports the young people and staff without compromising on the stability and consistency of care.

Staff induction is essential for setting the foundation for safe and effective practices within children's homes. It was positive to see the development of competence based and individualised inductions for staff. There were regular review points throughout the induction process which provided an opportunity for either the staff member or manager to discuss any issues and provided a structure for ongoing support and guidance as they transitioned into their roles. Staff had access to shadowing shifts during their induction period which provided them with an opportunity to build relationships with the young people and connect with colleagues; building these relationships early can foster teamwork and collaborative working.

Well trained staff are better equipped to provide high quality care, leading to better outcomes for young people. Whilst review of the staff training matrix identified a number of gaps in compliance with required training, information provided following the inspection established that the rates of compliance were higher than initially recorded and plans were in place to address any outstanding training. The manager provided assurance that compliance monitoring of staff training has now been delegated to a specific member of the management team; which will ensure timely training updates are scheduled and training provided to staff aligned to the needs of the individual young people will also be reflected on the training matrix.

Discussions with the management team and staff described a culture of openness and continuous improvement; in which collective leadership was promoted and staff's individual skills were recognised and built upon.

The management team were visible and accessible to staff, and an open door policy which supported staff to raise any issues or concerns was promoted. There were also a number of effective formal and informal support arrangements for staff; including daily handovers, team meetings and staff supervision.

Staff also had access to advice and guidance from the provider's psychology service to support their understanding of the impact of young people's trauma and their individual needs on behaviours. This enabled staff to respond to behaviours which may challenge with empathy, develop effective strategies, and strengthened the overall support network for staff.

These arrangements supported consistency of approach and responsive and timely interventions by staff to ensure the young people were receiving the right care at the right time.

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

It was positive to see evidence of ongoing repairs and repainting being carried out on the day of inspection; this signals to the young people that the management team and staff care about their environment and are committed to maintaining a homely environment, which is welcoming and well presented. Plans were also being progressed for refurbishment of the kitchen. A homely environment, reinforced by timely repairs, improvements and ongoing investment, contributes to a sense of stability and security for the young people.

Access to a safe environment is essential for the physical, emotional and mental wellbeing of the young people. Ensuring the safety of the home environment through specific risk assessments is crucial, as it enables the service to identify potential hazards and implement necessary mitigating actions.

Information submitted following the inspection provided assurance that an essential environmental risk assessment was undertaken to address particular risks aligned with the needs of the young people. A visit was also planned by the provider's health and safety officer to review the external and internal home environment to ascertain if there are any new potential safety issues. This proactive approach can prevent accidents and lead to improved safety practices.

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**

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the senior 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 16 **Stated:** First time **To be completed by:** 31 October 2024	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that: - it is implemented on the basis of an assessed need or risk related to the individual young person - it is the least restrictive option and all other options have been exhausted

	- it has been agreed with the multi-disciplinary team, the young person and/or their representative as appropriate, - there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary. Ref: 5.2.1
	Response by registered person detailing the actions taken: The leadership of the home has reviewed the restrictive practice process and have now created a pro-forma for each young person that is subject to restrictive practice. This covers the following: • What is the restrictive practice? • Why is this practice in place? • Is this the least restrictive option available? • Was the young person's human rights considered? • Was this decision agreed within a multi- disciplinary forum? If so when and who was involved • Was the young person and their parents consulted? If not, why? • Review date The senior practitioner within the home, now holds the portfolio of restrictive practice to ensure oversight of the implimentation and review of restrictive practices. The governance of this is overseen by the registered manager.

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