The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN045900

20 February 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: Residential Family Assessment Centre **Provider Type:** Independent Provider **Located within:** – Belfast Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: This is a family residential centre that provides accommodation and support to families in self-contained, fully furnished apartments. The centre provides parenting capacity assessments, with high levels of support, supervision and intervention. A range of individually tailored interventions are offered, in order to further develop parenting knowledge, skills and abilities, and enhance standards of care provided for the child's/children's relationships and overall family dynamics.	

2.0 Inspection summary

An unannounced inspection took place on 20 February 2025 between 9.15 a.m. and 5.30 p.m. and was concluded on 25 February 2025 following feedback provided to the manager. The inspection was conducted by a care inspector.

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

One area for improvement with regard to auditing of records identified at the last care inspection was partially met and stated for a second time. Three new areas for improvement were identified in relation to staff training, staff recruitment processes and the service's registration.

The inspection findings concluded that parents and their children benefitted from a skilled and motivated staff team who were responsive to their needs.

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 service and deliver safe care.

RQIA inspectors seek to speak with parents, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this service.

Information was provided to parents, staff and other stakeholders on how they could provide feedback on the quality of care and support in this service.

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 parents, their children, staff and the manager during the inspection.

Feedback from parents and observations of their interactions with staff demonstrated that they shared positive and trusting relationships with staff. Parents reported their views and wishes were respected, and staff ensured they were fully informed about their progress at each stage, which helped foster a sense of value and inclusion, and encouraged active participation in the process.

Parents described their engagement with staff as supportive and encouraging, and expressed confidence that staff would ensure their safety and that of their children. Questionnaire responses received from parents reinforced the positive feedback received on the day of inspection.

Staff spoke with genuine compassion and understanding about the parents and children they supported. They described a cohesive team, were staff supported one another and brought a diverse range of skills and experience to their roles. Staff confirmed they felt well supported by the manager, who was approachable and available to offer guidance and advice when needed. Staff also conveyed motivation and commitment to their roles, contributing to a positive team culture.

Questionnaire responses from staff received post inspection provided positive feedback, and the majority of respondents expressed a high level of satisfaction that the service provided safe, effective and compassionate care, and that the service was well-led. All responses were shared with the manager for consideration.

Discussions with the management team and staff evidenced that trauma informed practice was embedded in their approach. Staff were able to demonstrate how this framework underpins their work with families, reflecting a shared understanding of its importance. The manager had actively promoted and supported this approach, ensuring that staff received guidance and resources to apply trauma-informed principles effectively.

The manager had recently been recognised externally for their commitment to delivering trauma-informed care, further affirming the service's dedication to this practice.

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 8 February 2024		
Action required to ensure compliance with Residential Family Centres Minimum Standards (DHSSPS), April 2011		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 9.6 **Stated:** First time	The registered person to ensure file audits take place. The registered manager should ensure file audits are maintained in accordance with the centre's policy and procedures. This includes evidence that the manager inspects and initials a random selection of case files at least every three months.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement was partially met and will be stated for a second time. The audit process and associated documentation should be further enhanced to ensure actions identified are effectively progressed and addressed.	

5.2 Inspection findings

5.2.1 How does the service ensure children and parents are helped and protected?

Staff shared relevant information during handovers and recorded key details within daily logs. This helped ensure that parents and children received meaningful, personalised and well-informed support.

Parents reported that they received a thorough induction to the service, helping them understand both the expectations placed on them and the support available from staff. From the outset, the approach was reported to be open and transparent, promoting dignity and respect, and helping parents feel valued and supported as they settled into the service.

Staff worked closely with parents in all aspects of their children's care, providing both practical support and advocacy when engagement with other services was required. Parents confirmed they were actively involved in planning the support they required, with staff encouraging reflection on areas they wished to develop or change.

Staff demonstrated a clear understanding of safeguarding processes and were confident in applying them when necessary. They were able to identify and respond to concerns appropriately, ensuring that any risks to parents or children were addressed promptly.

Staff were skilled in providing the right level of support to help parents maintain their children's safety and wellbeing, fostering a positive and constructive working relationship. In addition to regular check ins with families, a well-established drop in culture allowed parents to access communal areas for informal conversations with staff or request additional visits to their apartments when needed. This approach ensured that support remained flexible and responsive.

Throughout the assessment process, parents were supported in developing their understanding of how to keep themselves and their children safe. Staff had access to a range of resources to guide this work, allowing them to provide tailored support that reflected the specific needs of each family.

Assessment reports were thorough, evaluative, well-evidenced and analytical. Examples provided evidenced that when assessment outcomes were not favourable, staff handled the process with sensitivity and empathy, ensuring both parents and children were supported through the transition.

Whilst discussions with parents and staff confirmed that parents were fully involved in their placement plans and assessments, this was not always clearly reflected in the key documents sampled. The service should consider how to better capture parents input, including ensuring their comments are documented and signatures are obtained to evidence the level of partnership working described. The manager acknowledged this and committed to making improvements, these improvements will be further supported by requirements to strengthen the auditing of care records as outlined in Section 5.1.

A review of accident and incident records evidenced that the service took a proactive approach and responded appropriately to ensure the safety and wellbeing of children and parents. However, some delays were identified in the timeliness of managerial sign-off and review of incidents on the current recording system. Discussions with the manager provided assurance that they remained informed of all incidents on a daily basis, which ensured any necessary actions were taken. The manager also outlined steps recently taken to improve the timeliness of sign-off within the service's computerised recording system, ensuring that records are reviewed and completed without unnecessary delay.

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

There were no concerns raised regarding the availability of staff, and staffing levels were sufficient to meet the needs of families using the service.

Staff demonstrated confidence in their roles and responsibilities, with a clear understanding of their duties in supporting families. Through discussions, they articulated a knowledgeable and skilled approach.

The manager and staff demonstrated a strong understanding of the trauma that parents may have experienced throughout their lives and the potential negative impact this could have on their parenting. This awareness had been further supported by the service's development of infrastructure to support this approach, which included commissioning the services of a specialist family therapist to support planned interventions with families, and strengthened the reflective practice arrangements for staff, ensuring a comprehensive approach to addressing trauma and supporting both staff and families effectively.

Additionally, a number of staff have received Dyadic Development Psychotherapy (DDP) training, enhancing their ability to apply trauma informed practices effectively in their work. This training supports staff to better understand attachment, trauma, and the emotional needs of both children and parents.

While staff demonstrated a high level of skill, knowledge, and commitment to ongoing learning and development, a review of the staff training analysis was required. This should identify the mandatory and role specific training needed for all staff, consistent with their roles. A comprehensive analysis should align training requirements with the service's aims and objectives, the Statement of Purpose, and the requirements outlined in the regulations and standards for residential family assessment centres. The findings from this analysis should then inform the development of a training plan, ensuring that staff continue to receive relevant and targeted learning opportunities. An area for improved was identified.

Comprehensive handovers took place twice daily, ensuring that staff were kept up to date with relevant information, including any concerns. These handovers provided a structured opportunity for staff to discuss priorities for the shift, ensuring a clear focus on the support needs of families. It also supported continuity of care, allowing staff to respond effectively to any changes or issues with families requiring immediate action.

Staff reported that access to regular supervision and reflective practice reinforced their knowledge, contributing to a culture of learning and ongoing development. These opportunities enabled staff to discuss challenges, explore best practices, and continuously improve their approach to working with families. It was positive to note that team meetings were scheduled for the year ahead, providing a structured forum for staff to share feedback, receive updates, and contribute to service development.

A review of staff recruitment processes confirmed that the service adhered to the provider's wider recruitment procedures. The inspection findings established that staff underwent a value based recruitment process, and Enhanced AccessNI checks and satisfactory references were obtained.

However, it was identified that the recruitment process required strengthening to fully comply with The Residential Family Centres Regulations (Northern Ireland) 2007. Specifically, applicants must provide a full employment history, including satisfactory explanations for any gaps in employment and reasons for leaving previous positions which involved working with vulnerable adults or children.

Additionally, the service should ensure that records are maintained and available for inspection, confirming that any agency staff working within the service have been subject to the same checks and processes. An area for improvement was identified.

5.2.3 How does the service ensure effective management arrangements, regulatory compliance, and a suitable environment for children and parents?

The manager, who was experienced and well-established within the service, maintained strong connections with external agencies and remained up to date with current and best practices, and they were proactive in driving improvements to enhance service delivery. Additionally, on call arrangements were in place, ensuring staff have access to support outside of normal working hours.

The individual apartments and communal areas available for parents and children were of a high standard, providing a comfortable and well maintained environment. The manager confirmed that any maintenance issues identified were promptly addressed via the provider's facilities manager. The facilities manager was responsible for overseeing health and safety measures across this service and others run by the provider. This included regular checks and maintenance to guarantee the ongoing safety and well-being of children, parents, and staff within the service.

Discussions with the manager confirmed that an application to vary the service's registration was required due to the reduction in the maximum number of placements available to families and the alterations made to the premises of the Residential Family Centre. An area for improvement was identified. This will ensure that the service's registration is aligned with its updated operational arrangements.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Family Centres Regulations (Northern Ireland) 2007 and Residential Family Centres Minimum Standards (DHSSPS), April 2011.

	Regulations	Standards
Total number of Areas for Improvement	2	2*

* 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 Residential Family Centres Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 18, Schedule 2 **Stated:** First time **To be completed by:** 17 April 2025	The registered person shall ensure the provider's recruitment procedure is reviewed to ensure that all safe recruitment checks, including those for agency staff, are completed prior to staff working in the Residential Family Centre, are consistent with The Residential Family Centres Regulations (Northern Ireland) 2007. Additionally, a record of these checks should be maintained by the manager and made available for inspection. Ref: 5.2.2
	Response by registered person detailing the actions taken: There are already robust organisational HR processes in place to ensure safe recruitment of staff, however the service will now ensure that evidence of all checks such as AccessNI and Right To Work documents (including those for agency staff), are documented and maintained at service level and available for inspection at any time. As recommended by the inspector during the inspection, The Human Resources team will be advised of the recommendation to add additional wording into the corporate application forms, asking that candidates provide full explanation for ANY gaps in their employment history.
Area for improvement 2 **Ref:** Regulation 32 **Stated:** First time **To be completed by:** 17 April 2025	The registered person shall ensure an application to vary the service's registration is submitted to RQIA, due to the reduction in the maximum number of placements available to families and the alterations made to the premises of the Residential Family Centre. Ref: 5.2.3
	Response by registered person detailing the actions taken: The above action will be followed up by the Registered Person.
Action required to ensure compliance with Residential Family Centres Minimum Standards (DHSSPS), April 2011	
Area for improvement 1 **Ref:** Standard 9.6 **Stated:** Second time	The registered person to ensure file audits take place. The registered manager should ensure file audits are maintained in accordance with the centre's policy and procedures. This includes evidence that the manager inspects and initials a random selection of case files at least every three months.

To be completed by: 17 April 2025	Ref: 5.1
	Response by registered person detailing the actions taken: A more robust and qualitative file audit will be developed by the Registered Person in conjunction with the independent social work consultant, and this will then be rolled out. This will ensure that files are not simply viewed and initialed, but meaningfully audited.
Area for improvement 2 **Ref:** Standard 15.9 **Stated:** First time **To be completed by:** 17 April 2025	The registered person shall ensure the staff training needs analysis is reviewed and improved and is aligned with the service's aims and objectives, the Statement of Purpose, and the requirements outlined in the Regulations and Standards for Residential Family Assessment Centres. This analysis should then inform the development of a targeted training plan, to ensure staff receive the appropriate training. Ref: 5.2.2
	Response by registered person detailing the actions taken: This recommendation is welcomed and will be actioned as detailed above. The organisation training pathway for all roles within the organisation is currently being reviewed and updated by a working group, and this will then form the foundation for any specialist and specific training required by the Parenting Service. This will then be detailed in the Centre Learning Plan for the service) which was made available to the inspector), and then evidenced within the Training Matrix.

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

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