The **Regulation** and
Quality Improvement
Authority

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:

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.

Children and young people will be referred to collectively as young people throughout the remainder of this report.

Since the last inspection, the provider has submitted an application to the Regulation and Quality Improvement Authority (RQIA) to make a change to the registration of this service to permanently reduce the number of residential places and to recommence short breaks.

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 13 November 2024 between 10.30 a.m. and 16.30 p.m. The inspection was conducted 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 had the necessary arrangements in place to deliver safe, effective and compassionate care and if the service was well led.

Four areas for improvement identified at the last care inspection were assessed; and the inspector concluded compliance had been achieved in relation to three areas. One area for improvement in relation to staffing will be stated for a second time. One new area for improvement was identified in relation to car parking facilities.

The inspection process also included assessment of an application to vary the registration of the service. The application sought to permanently reduce the number of residential places and to recommence short breaks within the service. RQIA met with the provider on 14 January 2025 and 25 February 2025 to discuss the variation application. It was subsequently agreed that a condition would be placed on the registration of the service in relation to the operation of short breaks. Short breaks will operate on an emergency basis, subject to thorough risk assessment with respect to matching of children and safe staffing arrangements by the registered manager and assurance that there will not be an adverse impact on safety and quality of care on all young people in the home.

A range of documents were examined to determine if effective systems were in place to deliver safe, quality care. Discussions with the management team provided assurance that robust governance mechanisms and safe staffing arrangements were in place, aligned to the current statement of purpose for this 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 management team 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 young people, relatives/carers and staff.

Young people who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings and engaged well with staff.

Relatives/carers told us that they were satisfied with the care provided and were updated by the staff team about any changes to their child's care.

Staff spoke compassionately about the young people and demonstrated they were trauma informed in their approach to care. Staff described staffing pressures upon the service as a result of absences and vacancies within the team. This is discussed further in section 5.2.1 and an area for improvement in relation to staffing was stated for a second time.

Questionnaires were received post inspection from staff. Survey results indicated that staff were of the view young people were safe, treated with compassion and that the care provided was effective. Staff were complimentary regarding the resources available within the home and the positive impact this had on the young people. Staff raised the issue of restrictions in place with respect to staff access to the car park. An area for improvement was made in relation to car parking facilities and is discussed further in section 5.2.3.

Dissatisfaction was noted regarding staffing shortages, staff morale, the rota, communication among the staff team and environmental issues. Feedback was shared with the provider's senior management representatives post inspection who provided assurance that they were cited on the issues and that any necessary actions were already in progress/would be taken 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?

Areas for improvement from the last inspection on 22 March 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 4 (4) **Stated:** First time	The registered person must ensure the children's guide is in a form appropriate to the age, understanding and communication needs of the children to be accommodated in the home; and be made available to the children living in the home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 2 **Ref:** Regulation 27 **Stated:** First time	The registered person shall ensure the children's care plans are reviewed by the new provider to ensure each plan is up to date, accurately describes the children's needs and how the staff should meet those needs.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 24 **Stated:** First time	The registered person shall review the staffing arrangements to ensure that the staffing compliment is consistent with the individual needs of all children, the size of the home and the statement of purpose. Evidence of this review and actions taken to achieve compliance with any actions identified must be available for inspection.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and will be stated for a second time.	
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 **Stated:** First time	The registered person shall ensure staff training gaps are addressed. Evidence of effective monitoring systems must be in place that evidence progress or actions taken to mitigate risks if training is not achieved with the training plan, and actions taken to achieve future compliance with training requirements.	**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 that safe staffing arrangements are in place?

Staffing levels were aligned to the needs of the young people. The manager confirmed they had oversight of the rota to ensure safe staffing levels remain in place during each shift, and this was evidenced in a sample of the rota records reviewed. It was recognised that staffing had remained a challenge since the last inspection; the manager reported that sickness and staff turnover alongside recruitment challenges placed pressure on existing core staff. This was not a sustainable position.

Assurance was provided there was a consistent pool of agency and bank staff; that included managers and senior managers within the organisation ensuring young people were able to receive the right care at the right time. Discussion with the management team provided a view that senior managers were cited upon staffing pressures; the management team provided practical support when required and there was an active recruitment campaign underway. Engagement with the provider's senior management team provided assurance there was a targeted plan in place to address the staffing challenges within the service. An area for improvement in relation to staffing was stated for a second time.

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

Effective governance arrangements in relation to incident and significant event analysis plays a central role in identifying learning, ensuring that the right supports and interventions are available to young people at the right time; and can reduce the likelihood of incident recurrence. Safeguarding incidents were reviewed and provided assurance that staff were aware of their safeguarding roles responsibilities and their actions were in line with regional child protection and safeguarding policy and procedures where required.

Incidents were learning was identified was discussed with staff in supervision; and as an exemplar for team training. This approach promoted an open and transparent culture where feedback and learning is valued. Evidence was available that incidents that met the criteria to be investigated as Serious Adverse Incidents (SAI) were escalated where required. Early learning that had been identified during a SAI review was implemented in a timely way, whilst the service awaited the conclusion and full findings of the review.

Arrangements in place with respect to deprivation of liberty (DoL) were reviewed for young people in the home who were 16 and over and for whom there were restrictions placed on their liberty. Emergency provisions had been in place for an extended period of time. Progression of the application process will allow the decision to deprive a young person of their liberty to be considered by a trust panel, provides scrutiny, ensures the deprivation of liberty is reviewed within timescales and that young people's rights are protected. Advice was given to the manager to review the emergency provisions with the relevant key stakeholders to ensure that applications could be progressed as soon as practicable.

5.2.3 Do the young people experience high quality facilities; and live in a supportive and homely environment?

The home was clean, freshly painted and presented as a comfortable, homely space for young people to live. Each young person had their own bedroom, en suite and snug area. Young people's bedrooms had been decorated in line with their wishes and preferences. A well maintained outdoor space was also available to the young people. There are plans for an office to be repurposed as a sensory room for the young people. When complete, this will further enhance young people's lived experience in the home.

The car park on the grounds of the home had been restricted for use by staff during identified busy periods. Staff were provided with car parking provision at an alternative location. The Minimum Standards for Children's Homes (Department of Health) (2023) outlines that car parking spaces for visitors and staff are provided for, consistent with the number of young people accommodated and the available space. Feedback from staff identified that the decision to restrict staff access during identified periods had created some discontent. Car parking facilities and the arrangements currently in place should be reviewed. An area for improvement was identified.

5.2.4 Application to vary the registration

The inspection focus sought to assess a variation application submitted to RQIA to permanently reduce the number of residential places and to recommence short breaks. This application included a desktop review of documentation; an inspection of the premises; discussions with staff and the young people; and sampling of care documentation.

The statement of purpose was reviewed and clearly described the nature and range of services to be provided and addressed all of the matters required by Regulation 4 of the Children's Home's Regulations (Northern Ireland) 2005. The young people's guide was informative and accessible to young people who lived in the home.

The layout of the home supported the provision of both short breaks and residential care; with young people who reside in the home, having access to their own private spaces when other young people attend the service for respite.

A review of the training matrix provided assurance that the staff team had the necessary skills and experience to deliver the care approach described in the statement of purpose. Staff had access to an extensive training programme including training specific to the behavioural needs of the young people, safeguarding, fire, infection prevention control, deprivation of liberty and risk management. The staff team were compliant in achieving training and refresher training within timescales, all of which support staff to deliver safe, effective, and young person centred care that responds to individual needs and supports effective risk management.

As outlined in Section 2.0, RQIA met with the provider on 14 January 2025 and 25 February 2025 to discuss the variation application further and it was subsequently agreed that a condition would be placed on the registration of the service in relation to the operation of short breaks. Short breaks will operate on an emergency basis, subject to thorough risk assessment with respect to matching of children and safe staffing arrangements by the registered manager and assurance that there will not be an adverse impact on safety and quality of care on all young people in the home. This temporary change in registration will remain in place until such times the provider notifies RQIA they wish to revise arrangements in relation to short breaks.

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*	1

* the total number of areas for improvement includes one that have 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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 24 **Stated:** Second time **To be completed by:** 28 March 2025	The registered person shall review the staffing arrangements to ensure that the staffing compliment is consistent with the individual needs of all children, the size of the home and the statement of purpose. Evidence of this review and actions taken to achieve compliance with any actions identified must be available for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: As the registered manager of the home staffing is reviewed daily to reflect the needs of resident young people within the home and adjusted accorrdingly.We continue to progress recruitment which will enable the re-establishment of short breaks on an ongoing basis.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 31 May 2025	The responsible person shall ensure there is further engagement with staff with respect to the arrangements in place that ensure car parking spaces for visitors and staff are provided, which are consistent with the numbers of young people accommodated and the available space. Evidence of engagement with staff and the Trusts plan to meet this standard should be maintained and made available for inspection. Ref: 5.2.3

	Response by registered person detailing the actions taken: Head of Service for the Children with Disability Service will lead on further engagement with the collective team re the current car parking arrangements. Minutes of this engagement opportunity will be maintianed and available for inspection.

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

Assurance, Challenge and Improvement in Health and Social Care