The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN047157

06 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:** Not registered-application submitted
Brief description of how the service operates: The children and young people living in this home have had adverse childhood experiences which has resulted in them requiring residential care and in need of medium to long term care. This home can also provide care for a limited number of children and young people who have been assessed as having intellectual needs/ disability and are 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.	

2.0 Inspection summary

An unannounced inspection took place on 6 March 2025 between 9.30 a.m. and 5.30 p.m. The inspection was conducted by a care and nurse inspector.

The inspection assessed progress with one area 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.

One area for improvement identified at the last care inspection was assessed as met, in relation to the use of consequences. Three new areas for improvement were identified in relation to, the promotion of young people's welfare, the environment and record keeping with respect to medical records.

The inspection identified significant concerns regarding the arrangements in place to promote and protect young people's safety and wellbeing and the quality of the environment. Safeguarding concerns identified during the inspection were escalated to the relevant Trust in line with regional child protection procedures. RQIA invited the provider's representatives to a Serious Concerns meeting on 21 March 2025 who provided an account of the actions they had taken and planned to address the concerns identified. RQIA were assured that the provider had identified learning, and the resultant action plan was centred upon strengthening internal and external mechanisms to the home with respect to incident and risk management, safeguarding

arrangements and providing a suitable physical environment. RQIA were assured that the providers representatives were cited on the concerns identified and had the capacity to drive forward the necessary improvements required in this service. This will be discussed in greater detail in the main body of the report.

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 young people and staff on the day of inspection.

Young people were positive as regards their relationships with staff and opportunities available to them to take part in activities. Young people reported they could raise issues with staff, concerns would be listened to and appropriate follow up actions taken.

Questionnaires were received post inspection from significant people answering on behalf of young people. Responses indicated that staff helped young people to feel safe; key workers supported young people to make decisions about their lives; staff were there to help young people when needed; and communication was good between staff and significant people in the young people's lives.

Discussions with staff raised concerns regarding the stability of the service and the arrangements in place to ensure the safety of both young people and staff in the home. Staff reported that strategies being utilised by staff to manage challenging behaviour and promote safety within the home were ineffective. Review of records, and discussion with staff and the management team identified that there had been a significant increase in risk within the home; and confirmed young people and staff had been exposed to serious incidents of aggression and assaults over a sustained period of time. These concerns were discussed with the provider during the Serious Concerns meeting on 21 March 2025 and is discussed in greater detail in the main body of the report.

It was positive to note that staff reported feeling well supported by the local management team, who were described as approachable and attentive; and to having a strong staff team that was supportive of each other.

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 9 May 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 rowspan="2">Area for improvement 1

Ref: Standard 3.12

Stated: First time</td><td>The responsible person shall ensure the home adopts a proportionate, consistent and therapeutic approach in the use of consequences.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
</table>

5.2 Inspection findings

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

As outlined in section 2.0 the inspection identified significant concerns in relation to the arrangements in place to promote the safety and wellbeing of young people in this service and ensure they were protected from harm. Review of records, and discussion with staff and the management team identified that there had been a significant increase in risk within the home; and confirmed young people and staff had been exposed to serious incidents of aggression and assaults over a sustained period of time.

There was a risk that young people's direct experience of assault, and/or the prevalence of, and cumulative impact of violence that young people were exposed to, may have resulted in young people experiencing harm. Evidence was not available on inspection to provide assurance the potential or actual risk of harm to the young people, had been considered by all relevant professionals involved; to ensure responses to risk of harm were proportionate, timely, and in line with regional child protection procedures and guidance.

RQIA were not assured there were effective strategies in place to support staff in the prevention or de-escalation of young people's distressed behaviours; or that there was sufficient access to specialist services to support ongoing assessment of young people's needs and presenting behaviours to ensure all staff were skilled, informed and confident to deliver the right care.

The inspection also identified concerns regarding the fitness of the premises. The home environment was observed as stark, unclean, and there was an absence of suitable décor and soft furnishings. It was evident that the domestic support arrangements in place were not sufficient to ensure the cleanliness of the home was being maintained to the required standard, and took into account ongoing potential Infection Prevention Control (IPC) risks.

Review of records confirmed that young people's lived experience within the home had been adversely affected by the poor quality of the environment; and young people had made complaints to the provider in this regard. Immediate actions were required to ensure that a suitable physical environment was available to the young people which was welcoming, homely and nurturing.

As a result, RQIA invited the provider to a serious concerns meeting on 21 March 2025 to address the concerns identified; and received the necessary assurances that senior management were cited on the concerns and had a robust plan in place to drive improvement with respect to promotion of young people's welfare and the fitness of the premises.

At this meeting, the provider's representatives provided an account of the actions they had taken and planned, which were also outlined in the action plan submitted to RQIA on 20 March 2025. RQIA were assured that the provider had identified learning, and the action plan was centred upon strengthening internal and external governance mechanisms, with respect to incident and risk management and safeguarding arrangements. Actions had also been identified with respect to the environment to ensure a suitable physical environment is available to the young people that is welcoming and homely.

It was agreed with the provider's representatives that the monthly reports on the conduct of the home, submitted to RQIA, in accordance with Regulation 32 (5) (a) of The Children's Home Regulations (Northern Ireland) 2005, will report upon the effectiveness of the action plan and/or any barriers to driving improvement. RQIA will also continue to monitor and review the quality of service provided in this home. Two areas for improvement were identified, in relation to the promotion of young people's welfare and the fitness of the premises, in line with The Children's Homes Regulations (Northern Ireland) 2005 in order to support and drive improvement in this service.

Young people's meetings occurred regularly and were facilitated by staff in the home. The meetings provided an opportunity for the young people to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care. Promoting young people's involvement and active participation in these meetings is essential for supporting young people to influence the way they are cared for and reinforce that their views and opinions matter.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. The fire risk assessment was up to date and the associated action plan had been completed.

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

Sampling of the rota and discussion with the manager confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people.

However, the inspection identified concerns regarding staffing arrangements at night with respect to staff skill, and experience. As outlined in sections 2.0 and 5.2.1. the provider was invited to a serious concerns meeting on 21 March 2025. At this meeting, the provider's representatives provided an account of the actions they had taken and planned, which were also outlined in the action plan submitted. RQIA were assured that actions had been identified to enhance staffing support for waking night staff, including enhanced training and induction plans so as to assure that young people are receiving safe, quality care and their safety and wellbeing is not compromised.

Training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in key areas such as safeguarding, therapeutic crisis intervention and fire training.

5.2.3 How does the service promote and protect the health of the young people?

There was evidence that the home supports young people in accessing healthcare services including general practitioner's, dentists, opticians and mental health professionals. All young people were registered with relevant healthcare services and some appointments were arranged as required on admission. Staff facilitated access to these services and ensured attendance at routine and specialist appointments.

Medication was safely stored and administered in line with policy, and records were accurate and up to date. Staff were trained and competent in medication administration, with systems in place to ensure communication of any changes in treatment. There was some evidence of prompt responses to health concerns and efforts made to follow up on clinical advice where required.

However, health records were fragmented across multiple documents, making it difficult to gain a holistic understanding of each young person's specific health needs. There was limited evidence of personalised health planning. Health information was not centrally recorded and there was no consistent system for documenting initial health assessments on admission to the home.

In some cases, significant health concerns lacked sustained follow-up or resolution, with gaps in documentation, unclear treatment outcomes and poor coordination with external services. Whilst some individual needs were identified, care plans were not always updated or clearly linked to relevant interventions. This was evident in the management of ongoing conditions as there was no clear oversight or ownership of the young person's healthcare plan.

Improvements are needed to ensure that each young person's health needs are fully captured, monitored and reviewed in a coordinated manner; and an area for improvement against the minimum standards has been made in this regard.

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

Team meetings occurred on a regular basis; they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people. Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.

Sampling of complaints records evidenced good governance, robust investigation and feedback being sought from complainants as part of the complaints process. This is good practice and supports the home to reflect upon what is working well, what could be improved and supports continuous learning and improvement within the service.

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	2	1

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 11 **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that the children's home is conducted so as to promote and make proper provision for the welfare of children accommodated there. This should include robust internal and external governance mechanisms, with respect to incident and risk management and safeguarding arrangements. Ref: 5.2.1
	Response by registered person detailing the actions taken: All young people are subject to statutory LAC review processes to promote and make proper provision for their welfare. The registered person/ senior management team in Safeguarding & Cared for Children Services have reviewed the application of PLAC processes. Guidance have been disseminated to all Safeguarding/ Cared for Children Principal Social Workers/ Team Leaders and local teams. Robust processes are in place to escalate risk via the Care Network Meetings (NIFTIC processes) for consideration of PLAC Processes. The Registered Manager/ DTL and PSW have undertaken a post placement debrief to ensure areas of improvement have been identified and implemented. A further formal debrief was conducted by the Governance & Improvement Lead with the Team to identify areas of improvement. An independent review of incidents has been undertaken by the Governance & Improvement Lead. This review has highlighted a number of improvements for the home and the Residential Service to take forward. This learning will be shared with the team via team meeting. In addition the service meets monthly via the Reflective Governance Forum to review learning from incidents in line with NIFTIC processes. VOYPIC have met independently with the young person resident group to review impact of previous 6 months period in the home. In addition local management have engaged the young people to discuss their thoughts and feelings on the last 6 months. This allowed the young people to identify any areas of improvement and what they hope for the future for the home. These areas have been actioned such as environment changes, consultation re new admissions and engagement with the staff team in fun bonding activities.

	Progress against this area of improvement will be monitored via the internally monthly monitoring processes.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that all parts of the children home are suitably furnished and equipped. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager will ensure that all parts of the home are suitable furnished and equipped. The young people have been engaged in discussions around their wishes for the environment. The information gathered has been actioned and the team is continuing to engage all in the improvements work. The Registered Manager has completed an environmental audit of all areas requiring attention and engaged the estates department. The estates department are currently working through the areas and significant progress has been made. Registered manager engaged a service that completes deep cleans. This was completed at the start of April 2025 and has been bolstered by the return of a full time support services person to ensure cleanliness within the home. Regular interface meetings occur with Support Services to ensure the needs of the home are being met. Young people requested finance for their rooms to make them more homely, this was actioned and has improved the young people's investment within the home. Registered Manager continues to financially invest in the home for furnishings on a regular basis. The young people generally join staff members when decisions are being made on furnishings, this has improved the investment in the home.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 6.1 **Stated:** First time	The registered person shall ensure that children and young people's health needs are assessed regularly and robust health plans are put in place. Ref: 5.2.3

To be completed by: 5 June 2025	**Response by registered person detailing the actions taken:** The Register Manager alongside the Care Network will ensure Statutory LAC reviews/ Young person's review meetings identify and create actions plans relating to the health needs of each child. The Registered manager and Deputy Team Leader have completed audits of young people's case files. As a result the Registered Manager has restructured casefiles ad streamlined the information to ensure assessments and health plans are in place and are reviewed regularly. The NIFITC framework has been implemented and ensures a streamlined approach to young people medical needs. Registered Manager /Deputy Team Leader facilitate young people focused Team meetings where by the young person's health and well-being is discussed, ensuring good communication and prompt follow up where required. Health & Wellbeing care plans are in place for all of our young people, these are reviewed at least every 4 weeks to ensure oversight and a shared responsibility with the wider care network. Physical and mental health needs are reviewed by the care network. All young people have access to specialist LAC Nurse. The Registered Manager/ Deputy Team Leader are present for these meetings and can provide oversight and robust responses to a young person's health needs.

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