The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN047964

16 April 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 to provide care for children/young people who have been assessed as having intellectual needs/disability and in need of short break care. The home is currently not providing short breaks. An application to temporarily cease short breaks and instead provide a number of medium care places for a specified time was approved by RQIA in August 2024. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced care inspection commenced on 16 April 2025 at 9.10am. The onsite component of this inspection was concluded at 12.10pm as the staff team were responding to escalating risk in the service on that day.

An inspection of this service had been undertaken in response to intelligence received by RQIA in relation to the quality and safety of care delivered by the service. This intelligence raised concerns regarding care practices and staffing arrangements.

The inspection findings identified significant concerns regarding the arrangements in place to assure the delivery of safe and effective care in this service. Following the onsite inspection visit, RQIA maintained communication with the provider to seek assurances that the service was able to meet the needs of the young people, respond safely and appropriately to behaviours that challenge, and ensure that care plans, including any use of restrictive practices had been reviewed and were appropriate. RQIA also sought assurance that there were effective systems and processes in place to support safe and sufficient staffing, appropriate management oversight, and the timely notification, escalation, and review of incidents.

Despite ongoing engagement with the provider's representatives, RQIA was not assured that the necessary improvements had been made. RQIA subsequently invited the provider's representatives to a Serious Concerns meeting on 23 May 2025, where they gave an account of the actions they had taken and planned to address the concerns identified.

RQIA were assured that the provider had a robust action plan in place to stabilise the service and drive the delivery of safe, effective, compassionate, and well led care. RQIA provided feedback on the action plan, with the aim to support the provider to further strengthen the plan to ensure staff wellbeing support measures, and robust review and escalation mechanisms were integrated into the plan. This will support timely and appropriate mitigations where needed and ensure the provider's senior leadership team remains sighted on progress, ongoing risks, and any emerging concerns.

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. However, opportunity to engage with the staff team or the young people was not possible due to the presenting risks in the service on that day.

The inspection process and subsequent engagement with the provider's representatives will support the provider in implementing the necessary improvements to ensure the service operates safely and effectively and that young people receive consistent and compassionate care.

4.0 What people told us about the service

The inspector spoke with the manager and deputy manager on the day of inspection.

The management team described ongoing and significant challenges in securing safe staffing levels, with the rota remaining fragile and time consuming to manage. Staff morale was also reported to be low.

The management team acknowledged that induction processes for new staff were not meeting the required standard due to sustained operational pressures. In addition, established governance processes, such as timely completion, review and reporting of incident notifications, were not being reliably maintained. The manager raised concerns regarding the service's ability to continue to meet the needs of all the resident young people. These concerns were escalated by RQIA to the provider's senior management team on the day of inspection; and was discussed during the serious concerns meeting on 23 May 2025. This is discussed in more detail in the main body of the report.

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 19 July 2024		
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 14 **Stated:** First time	The registered person shall ensure that pathways plans are developed to identify, prepare and support young people`s transition into adult care placements.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref:** Standard 15.4 **Stated:** First time	The registered person to ensure the young people's guide is updated. The information provided must include the management arrangements within the home, the advocacy and mentoring arrangements and procedures for dealing with missing young people.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

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

Intelligence received by RQIA prior to and during the inspection, identified concerns regarding the service's capacity to meet the needs of the young people. These concerns related to the management of behaviours that challenge associated with the young people's disability, the delivery of appropriate care, and the safe and proportionate use of restrictive practices to safeguard both young people and staff.

At the Serious Concerns meeting on 23 May 2025, RQIA were assured that the provider had since implemented effective arrangements to ensure care provided was aligned with assessed needs, and was subject to ongoing multi-disciplinary oversight and review. The frequency of multidisciplinary meetings had also increased to ensure regular review of each young person's care needs. A review of the young people's care plans and Positive Behaviour Support (PBS) plans was being undertaken with collaborative input from relevant professionals. De-escalation strategies and the use of any restrictive practices were being reviewed and ratified to ensure they were proportionate, justified and compliant with The Children's Home Regulations (Northern Ireland) 2005 and relevant regional policy and procedures.

Weekly multi-professional huddles had been introduced with the aim to support the service to ensure that care remained responsive to current needs and that any ongoing or emerging concerns were appropriately escalated and addressed.

Timely and accurate incident reporting is essential to safeguard young people and ensure effective oversight. RQIA identified concerns that effective systems were not in place to ensure the timely recording and reporting of incidents. In addition, notifiable events had not been submitted to RQIA, within required timeframes, limiting RQIA's ability to assess the safety and quality of the service. Staffing and management pressures were affecting previously well-established governance arrangements.

The provider's action plan and discussions during the Serious Concerns Meeting provided assurance that steps were being taken to strengthen governance arrangements relating to incident reporting and statutory notifications. A review of incidents was underway to identify any practice concerns requiring escalation and provide assurance that all notifiable incidents had been appropriately escalated. It was agreed a summary report including any remedial actions would be submitted to RQIA. In addition, work had commenced to develop improved processes for reviewing incidents involving physical interventions and the use of restrictive practices.

To support improvement, the provider's governance and assurance senior manager had been identified to lead an educative programme to enhance staff understanding of restrictive practices. This included the dissemination of learning lines and resource materials to promote reflection and shared learning. A restrictive practice framework was also being developed to improve internal oversight and recording of agreed interventions. Two new areas for improvement were identified with regard to care planning and incident management.

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

RQIA's engagement with the provider's representatives, prior to, and since the inspection raised concerns regarding the staffing arrangements in this service. The staffing rota was heavily reliant upon core staff working additional hours, and the use of bank staff and agency staff to ensure safe staffing levels were maintained. These arrangements were not considered

sustainable and did not provide assurance regarding capacity of this service to deliver consistent, coordinated and effective care to young people.

Furthermore, there was a lack of assurance that new staff, particularly bank and agency staff were receiving a robust and service specific induction. This posed additional risk to the delivery of safe and informed care. The cumulative impact of these factors indicated that staffing arrangements required urgent review.

RQIA were assured during the Serious Concerns meeting that the provider had taken immediate steps to support stabilising the staffing arrangements. This included securing block booked agency staff with relevant experience and training, enabling greater consistency in the rota and allowing these staff to offer informal mentoring to less experienced colleagues. The senior management team were actively supporting the service to ensure each shift had an appropriate skill mix to meet the needs of the young people. The provider was also implementing improved assurance processes for staff induction and competency assessments, particularly for bank and agency staff. A recruitment drive for permanent staff and development of an enhanced staffing model was also progressing.

In addition, the provider's representatives agreed to update their action plan to include targeted measures aimed at supporting staff wellbeing and promote their physical and psychological safety. Staff who feel supported, valued, and safe are better equipped to provide consistent, compassionate, and responsive care. A new area for improvement was identified with regard to safe staffing arrangements.

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

Engagement with the provider's representatives following the inspection confirmed that the registered manager was no longer in post and there was insufficient assurance that appropriate management and senior leadership arrangements were in place to support the service. This lack of operational oversight raised concerns about the service's capacity to maintain effective governance and respond to risk. Effective management arrangements ensure oversight and accountability of care delivery, and supports staff to respond confidently and competently in dynamic and at times challenging situations. The absence of such leadership can significantly impact the quality and consistency of care.

At the Serious Concerns meeting RQIA were assured that the provider was taking action to address the instability with respect to management arrangements and it was agreed they would notify RQIA that a suitably qualified manager was in place, without delay.

The current model of care and registration of the service was also discussed during this meeting. A condition on the registration of the service in respect to the current model of care had expired. It was agreed that the provider would submit a proposal to RQIA outlining the actions they intended to take to return the service to its original registration as a short breaks service and the intended timescales.

RQIA were assured the provider was cited on the challenges in the service and demonstrated a commitment to drive the necessary improvements required. Additional resources had been identified to support the service to focus on the review and improvement of this service from the provider's Governance, Assurance and Improvement Team. The provider also agreed to

ensure that the Monthly Monitoring 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. A new area for improvement was identified with regard to notification of manager absence arrangements.

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	4	2*

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the senior management team 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:** 6 June 2025	The registered person shall ensure that care planning and restrictive practices are reviewed, to ensure that care delivery is safe, effective and compassionate. Ref: 5.2.1
	Response by registered person detailing the actions taken:

Area for improvement 2 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that robust governance arrangements are in place to ensure timely incident reporting and submission of statutory notifications to RQIA. Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref:** Regulation 24 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that there are sufficient numbers of staff with appropriate skills and experience to meet the assessed needs of the young people. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 4 **Ref:** Regulation 36 **Stated:** First time **To be completed by:** Without delay	The registered person must ensure that a notification of manager absence is submitted to RQIA. Ref: 5.2.3
	Response by registered person detailing the actions taken:
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 14 **Stated:** First time **To be completed by:** 5 December 2023	The registered person shall ensure that pathways plans are developed to identify, prepare and support young people`s transition into adult care placements. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 **Ref:** Standard 15.4 **Stated:** First time **To be completed by:** 19 September 2024	The registered person to ensure the young people's guide is updated. The information provided must include the management arrangements within the home, the advocacy and mentoring arrangements and procedures for dealing with missing young people. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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