The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN042961

11 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:** – Belfast Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children 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 11 September 2024 between 9.30 a.m. and 5 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 was delivering safe, effective and compassionate care and if the service was well led.

The inspection found that five areas for improvement identified at the last care inspection were met. These were in relation to the environment, estates arrangements, fire risk assessments, staff training and transport arrangements. One area for improvement, in relation to medication storage was not assessed as part of this inspection and will be carried forward to the next inspection.

Two new areas for improvement were identified, regarding safe recruitment and care documentation.

The inspection findings concluded that young people were supported by a stable, experienced and qualified staff team; that care was safe, effective and compassionate and the home was well led by the management team.

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 person in charge 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.

Feedback from young people provided a positive view regarding the relationships between young people and staff. They reported that staff were approachable, attentive and engaged young people in activities. Young people reported that the home was comfortable, that they had opportunity to personalise their living spaces, exercise their choices, and that their views were considered and contributed towards the running of the home.

Feedback from staff informed that there was good support available from the management team, with effective staff support mechanisms in place such as supervisions and team meetings. Staff reported that the care provided to young people was person centred and compassionate. Morale was high amongst the staff team, and they described a settled and experienced staff team who support each other.

Feedback was received by RQIA in the form of questionnaires from staff members and visiting professionals following the inspection. Feedback included that staff are therapeutic in their approach, are respectful of young people, and foster positive relationships with the young people they care for. All respondents reported that they were satisfied that the care provided in the home was safe, effective, compassionate and well led.

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 previous inspection on 22 August 2024.		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 30 **Stated:** Second time **To be completed by:** 12 December 2023	The registered manager shall ensure that the home is painted internally and that graffiti is removed from the front of the home. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 23 November 2023	The registered person shall ensure a review of the home's reporting and engagement arrangements with estates should take place to ensure that environmental improvements are actioned in a timely manner, and fitness of the premises is maintained. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 3 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 26 October 2023	The registered person shall ensure that actions arising as a result of fire risk assessments are completed. Clear rationale and mitigating actions must be included in the fire risk assessment and against the associated action plan where the service has an agreement with the fire officer not to complete an action. **Action taken as confirmed during the inspection**: This area for improvement was met.	**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 17.11 **Stated:** First time **To be completed by:** 12 December 2023	The registered person shall ensure that records are maintained to evidence that agency staff are equipped with the skills and training required to meet the assessed needs of the young people. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 2 **Ref:** Standard 22.2 **Stated:** First time **To be completed by:** 12 December 2023	The registered person shall ensure a review of the transport arrangements is carried out to assess the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the children and young people, and the service. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 3 **Ref:** Appendix 1, Standard 3 **Stated:** First time **To be completed by:** Immediate and ongoing (22 August 2024)	The registered person shall ensure that the temperature of the medicine storage area is monitored and recorded daily to ensure that medicines are stored in accordance with the manufacturers' instructions. Ref: 5.2.2 **Action taken as confirmed during the inspection**: This area for improvement was carried forward to the next inspection.	**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?

Young people's daily logs identified that the quality of recording was of a good standard and the detail reflected the young people's lived experience. These records, along with feedback from staff and young people, provided assurance that the staff team are committed to engaging with the young people in a therapeutic manner. Discussions with staff confirmed they knew the young people well, how they liked to be cared for, and the agreed strategies that promotes their safety and wellbeing.

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments and individual crisis support plans (ICSP). However, some of the ICSP records sampled had not been updated as required and therefore, may not have been representative of the current risks and needs of the young people. This was identified as an area for improvement.

Handover records contained essential information to guide staff in the planning of their shift. Efforts have been made by staff to include analysis as part of the handover record, which is good practice; however, improvements could be made to the recording practices to ensure this is purposeful and effective. Advice in this regard was given to the manager and progress in this area will be reviewed as part of future inspection activity.

Young people's meetings typically occurred monthly. 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 supported the young people to influence the way they were cared for and reinforced that their views and opinions mattered.

The service had been included in a pilot project whereby residential social work staff assumed case responsibility for young people in the home. Whilst there were arrangements in place for young people to receive visits from an independent social worker, the inspection findings identified challenges with respect to young people's engagement with visiting social workers. Visits by an independent social worker are integral to promoting young people's safety and wellbeing. The visits aim to assess the quality of care the young people are receiving, and ensure that the young person's needs are being met in accordance with their care plan.

RQIA continue to engage with the provider regarding the status of the pilot at the time of writing this report. Any evaluation of this pilot should consider young people's engagement with an independent social worker as part of their statutory visit, and what action should be taken if this is not effective.

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

Sampling of the rota and discussion with the person in charge confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people. Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people and adhere to safety plans.

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

Evidence was not available to provide assurance safe and robust recruitment practices were in place for every staff member working in the home. The person in charge provided assurance that the necessary checks had been undertaken at the point of recruitment, but that this evidence was not maintained. It was agreed this evidence would be sourced as a matter of priority, and a record maintained. The manager needs to be assured, and evidence maintained that all staff working in the home have been subject to safe and robust recruitment practices. An area for improvement was identified.

5.2.3 Does the service ensure that the home environment meets the needs of the young people?

Young people's rooms had been decorated to reflect their individual interests, this approach supported young people to have ownership over their own spaces, and cultivated a young person centred, personalised environment. Internally the home was well maintained and presented as a comfortable, homely space. The windows, however, required to be cleaned; the person in charge provided assurance that the home did have a regular cleaning schedule in place, and put in a request for an accelerated visit. Efforts had been made in the garden to create a space that was inviting for young people.

A fire risk assessment had recently been completed in the home. The management team had a clear audit process in place for ensuring that all actions identified as part of the fire risk assessment were completed in a timely manner.

Discussion with the manager identified that arrangements have been put in place to ensure increased engagement with estates services. This approach ensures that maintenance and improvements to the home can be completed in a timely manner to ensure the premises is safe. The manager also confirmed that the transport arrangements in the home had been reviewed and that the current arrangements in place were sufficient to meet the needs of the young people.

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

The inspection findings confirmed that the staff team have benefited from stability within the management team, the visible leadership they demonstrate and their commitment to promoting an open culture within the service.

Team meeting minutes confirmed that team meetings are held on a monthly basis. 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 home.

Review of records provided assurance that robust measures were in place to ensure the safe and effective implementation and oversight of restrictive practices. Actions that restricted young people had clear justification and were based on a robust assessment of risk. There was clear evidence that the restriction was needed and proportionate; and it was agreed and reviewed by a multi-disciplinary team. This approach ensures there is a robust framework to support staff in their judgements and decision making, and ensure that decision making is informed by consideration of young people's rights.

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	2*

* the total number of areas for improvement includes one that has been carried forward for review at the next inspection.

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 25 (3) (f) **Stated:** First time **To be completed by:** 23 October 2024	The registered person shall ensure that evidence is available that all staff working in the home have been subject to safe and robust recruitment practices. The responsible person shall ensure evidence is accessible that verifies staff employed in the home have been subject to robust safe recruitment practices in accordance with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. This evidence should be available to review on inspection. Ref: 5.2.2
	Response by registered person detailing the actions taken: In respect of Trust employed staff, the Manager has requested an email from central recruitment confirming that all pre-employment checks have been completed prior to employment. This will be retained in each staff members supervision file. For existing agency staff working in the home, a checklist is in place, which was completed by a member of the management team, confirming that the agency profile (with details of qualifications and relevant experience and references) as well as Access NI and NISCC certificate have been verified. Each staff member's NISCC renewal date is held on their supervision file, enabling management to have robust oversight of this.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Appendix 1, Standard 3	The registered person shall ensure that the temperature of the medicine storage area is monitored and recorded daily to ensure that medicines are stored in accordance with the manufacturers' instructions.

Stated: First time **To be completed by:** Immediate and ongoing (22 August 2024)	**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.** Ref: 5.1
Area for improvement 2 **Ref:** Standard 17.3 **Stated:** First time **To be completed by:** 23 October 2024	The registered person shall ensure care documentation, specifically ICSPs, are up to date, frequently reviewed and representative of the current risks so that they can effectively guide staff's practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: All ICSP's were reviewed, updated and placed on the shared folder, and hard copies in the young person's file. This was discussed at a team meeting in September, and has since been added as a regular item on the team meeting agenda. Management team will review ICSP's regularly and sign and date when this is done and discuss any learning/ amendments with the keyworker and the wider team.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA