The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048071

21 May 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:** – Belfast Health and Social Care Trust	**Manager status:** Not registered

Brief description of how the service operates:

This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).

The children living in this home have had adverse childhood experiences which has resulted in them requiring residential care.

A time limited variation to the registration of the service to include learning disability as a category of care had previously been approved by RQIA and remained in place at the time of the inspection.

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 21 May 2025 between 09.15 a.m. and 4.35 p.m. The inspection was conducted by a care inspector.

The inspection focused on the arrangements in place to promote the health and wellbeing of the young people and included review of the involvement of the young people in decisions regarding their health and wellbeing.

The inspection also focused on progress made in relation to 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. Three areas for improvement identified during the previous care inspection were assessed as met in relation to staff training, restrictive practices, and the environment. No new areas of improvement were identified.

Observation of care and interactions with staff and young people identified a dedicated staff team who had a detailed understanding of the young people's individual needs. Positive relationships were evident and young people were spoken to respectfully by staff.

The management team were visible role models and their leadership approach supported a culture that was respectful and supportive to staff. Staff spoke positively about the support they received from the management team.

The inspector concluded there was safe, effective and compassionate care delivered in the home 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, staff, and the deputy manager. Young people said they liked living in the home and that they had good relationships with staff. Young people were spoken to in a respectful manner and positive interactions between staff and young people were observed.

Young people confirmed they had opportunities to attend young people's meetings where they could voice their views and opinions. They said suggestions they had made regarding the weekly food menu had been implemented within the home.

Questionnaires completed by young people post inspection confirmed positive relationships existed amongst staff and young people. Feedback included that staff supported them to feel safe, they felt listened to, staff knew what was important to them and that they felt involved in decision making about their care.

Staff described that young people were well supported and that care was individualised to their specific needs. Staff confirmed they were able to spend quality time with the young people and had built trusting relationships as a result. Staff were of the view these relationships had a positive impact on their ability to improve outcomes for the young people.

Discussion with staff confirmed there was a positive, open culture and they felt supported by the management team. This culture was supported by regular supervision, team meetings, staff huddles and reflective practice.

The management team were also supportive with regards to the health and wellbeing of staff; team wellbeing plans were in place, staff had access to ad hoc supervision when required, as well as formal debriefs following an incident or significant event. Feedback from staff confirmed they were encouraged to discuss any concerns they had, and felt valued and listened to.

Questionnaires completed by staff post inspection confirmed staff were either satisfied or very satisfied that the care provided to young people was safe, effective, compassionate and well led. Whilst the change to the statement of purpose and some resultant challenges were reflected by staff, feedback echoed discussion on the day of inspection with respect to support available from the management team and the focus upon ensuring a therapeutic approach underpinned decision making and care of the young people.

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 12 June 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Children's Homes regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Standard 17

Stated: First time

To be completed by:
30 September 2024</td><td>The registered person shall ensure that all relevant staff complete First Aid training as required in accordance to their role.

Ref: 5.1 and 5.2.2</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
<tr><td>Area for Improvement 2

Ref: Standard 11</td><td>The registered person shall ensure the front facing walls of the building are repainted.

Ref: 5.2.3</td><td>Met</td></tr>
</table>

Stated: First time **To be completed by:** 30 September 2024	**Action taken as confirmed during the inspection**: This area for improvement was met.	
Area for Improvement 3 **Ref:** Standard 11(8) **Stated:** First time **To be completed by:** 12 August 2024	Young people are unable to access the kitchen and living room areas at night time. The registered person shall ensure that any restrictions on normal movement within the home are not used unless it is assessed as being a last resort, essential to safeguard and promote the welfare of the young people and subject to agreement and regular review by relevant stakeholders. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 4 **Ref:** Standard 17(14) **Stated:** First time **To be completed by:** 31 October 2024	The registered person shall ensure that all staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development and training plans.	**Met**
	Action taken as Ref: 5.2.2 during the inspection: This area for improvement was met.	

5.2 Inspection findings

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

Environmental restrictions within the home in respect of the kitchen and living room were reviewed. Restrictions were in place on occasions if the safety of the young people was assessed to be at risk; and deemed necessary to safeguard the health and wellbeing of young

people and staff. Review of team meeting minutes confirmed that restrictions were regularly discussed, reviewed, and staff updated regarding agreed outcomes.

Staff confirmed that a trauma informed approach underpinned staff practice and their care of the young people. This approach was supported by a five-day training programme, followed by six monthly updates to their training. It was evident that staff understood how trauma and experiences influence behaviours and how young people interact with others.

The Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) was being implemented within the home; with support from the provider's NIFITC Lead who met with the team on a regular basis. This framework aims to promote wellbeing, development and trauma recovery by identifying goals, supports and interventions that are specific to the young person's assessed needs.

Review of care plans and risk assessments evidenced safety concerns, risk behaviours and triggers for such behaviours. Intervention strategies were in place to reduce the risk of harm and recovery plans following an event were documented.

A Safety Plan File was also in place which provided a profile of each young person, individual crisis plans, emergency contacts, medical information and identified risks. This provided staff with easy to access, up-to-date relevant information, in a comprehensive format.

Support for staff included a therapeutic care intervention debrief following an event; which provided emotional support for staff as well as reflection on the event, evaluation, and learning.

Education needs of young people were assessed and education delivered in a variety of ways; including part-time attendance at school, home schooling and alternative settings. Young people were encouraged to attend school where possible; and through discussion it was evident there were strong links with schools and education settings.

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

The implementation of the NIFITC had been progressed within the home with positive effect. The assessment of young people's health and wellbeing needs and their progress was supported by this framework.

Records evidenced detailed information was maintained with respect to young people's specific needs, health professionals involved in the care of young people were clearly identified, and engagement with specialist teams and referrals to other agencies were documented. Young people confirmed they were supported by staff to attend medical appointments.

Evidence was also available with regards to review of young people's health and wellbeing needs and involvement of young people; with records evidencing young people's views, opinions and wishes. Discussion with staff and the management team provided assurance that young people were actively encouraged to be involved in the review of their health needs, were encouraged to attend review meetings and were supported by staff at these meetings.

The management team confirmed that a comprehensive assessment of the young person's health needs prior to admission would be completed, each young person was registered with a

General Practitioner (GP) and the Looked After Children's (LAC) Nurse provided support, advice and training for specific, individual health issues identified.

Health equipment in the home was checked on a regular basis to ensure it was available for use in an emergency situation.

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

The home was clean, tidy, warm and well maintained. The external front of the building had been repainted and was well presented.

There was a large, bright, homely, living room and dining room where staff and young people could enjoy meals together. The garden area was private with a perimeter fence. There was a large grassed area where staff and young people could enjoy activities. An ice bath had been made available and was enjoyed by the young people. Staff advised that the use of the ice bath helped with the regulation of mood, emotional wellbeing, and stress management.

Young people's bedrooms were not accessed. Staff confirmed that they were afforded the opportunity to personalise their rooms to their own tastes and were encouraged and supported to keep their private space clean and tidy.

Review of fire safety records identified weekly safety checks which were signed and dated, there was regular fire alarm testing, and a fire risk assessment had been completed.

5.2.4 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

A training matrix was in place to monitor compliance with training, and each staff member had an individual training plan. The management team reviewed training on a regular basis and planned training was available for each member of staff.

The management team confirmed that training and learning opportunities for staff were supported and promoted with staff being actively encouraged to attend training.

Training required to meet individual specific health needs of young people was supported by the relevant health professional and LAC nurse. Competency training was also in place which included knowledge and skills training completed by an assessor and staff member. This approach ensures staff can be confident and competent in delivering care; and supports them to work in partnership with specialist teams where required.

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

Care observed on the day of the inspection was young person centred and fostered a culture within the home that was supportive, inclusive, and respectful.

The management team advised that processes were in place to support the delivery of effective, consistent care to the young people. Staff handovers were in place with a detailed handover file as a reference for staff. Team meetings, supervision and reflective practice forums were also in place.
These forums supported effective communication and provided a space for issues and concerns to be discussed, opinions to be expressed and a consistent approach in respect to how care is delivered to be maintained.

Staff confirmed that these processes were useful for their professional development and were a positive learning experience. Staff also confirmed that the management team were supportive, available if they had any concerns or issues, and they felt listened to and valued as a member of the team.

The use of audits supports a systemic and structured approach to assess, evaluate and improve the quality of care. Monthly audits were carried out with regards to young people's files, handover documentation, medication, fire safety and young people's meetings.

The management team advised that Innovation and Quality Improvement (IQI) projects were progressing to improve outcomes for young people with regards to educational needs and accessing resources.

It is important that feedback from young people is captured and acted upon to shape how care is delivered in the home and improvements made. This approach empowers young people to have ownership over their own lived experience in the home. Minutes of young people's meetings detailed consistency in recording the views of the young people, discussion regarding what was working well and what areas could be improved within the home. Where required, additional meetings could be held if there was conflict within the group; to support resolution, ensuring that all young people felt heard and were supported to discuss their individual thoughts and feelings.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge as part of the inspection process and can be found in the main body of the report.

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