



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN042985
13 November 2024

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1.0 Service information

Service Type: Children's Home Provider Type: Health and Social Care Trust Located within: – Western Health and Social Care Trust	Manager status: Registration Pending
Brief description of how the service operates: The children living in this home may have had traumatic experiences and have been assessed as in need of 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 13 November 2024 between 9.45 a.m. and 6.00 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.

Five areas for improvement identified at the last care inspection were assessed as met. Six new areas for improvement in relation to staff recruitment, restrictive practices, review of staffing levels, staff training, safety plans, and incident records were identified.

There was evidence of positive regard and a caring approach towards the young people; staff spoke compassionately about the young people; staff were also able to reflect on what does and does not work well when seeking to support the young people.

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, staff, the deputy manager and manager.

Feedback from young people confirmed that staff listened to them, offered support and guidance, and encouraged their participation in meetings related to decisions about their care. However, they also reflected that living in a group setting could be difficult at times, especially when other young people are facing challenges in regulating their behaviours.

Discussion with the management team, staff and observations provided assurances that a young person centred and trauma informed approach was embedded in the service. They demonstrated commitment and motivation to provide safe and effective care for all the young people, however they reported that the current group dynamic in the home had on occasions impacted on their ability to do so. This feedback was escalated to the manager and a senior manager and is discussed further in Section 5.2.1.

Discussions with staff confirmed that there were formal and informal mechanisms in place to enable staff to raise issues or concerns with the management team. They noted that an open, transparent, and reflective culture was promoted within the home.

One staff questionnaire response was received. The respondent expressed satisfaction that young people were treated with compassion but indicated dissatisfaction regarding the safety and protection of young people from harm and the effectiveness of care provided. They were neither satisfied or dissatisfied that the service was managed well. In addition, the respondent indicated dissatisfaction with the staffing levels, noting that these could negatively impact on the delivery of therapeutic and individualised care for the young people, as well as staff's ability to complete records.

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 11 January 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: First time	The registered person shall ensure that works required to the external environment are planned for and completed as required in a timely way. Particular attention should be given to perimeter pathways, moss removal and painting of external walls and doors.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)		Validation of compliance
Area for improvement 2 Ref: Standard 11 Stated: First time	The registered person shall review all physical restrictions on normal movement within the home and ensure that each individual restriction is proportionate to the presenting levels of risk and necessary to safeguard the health, wellbeing and safety of both young people and staff. Restrictions imposed should be for the shortest possible period and be subject of regular review.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 1 Stated: First time	The registered person shall review the current service engagement model with young people and determine the best approach to ensure that the views, wishes, and feelings of young people are regularly sought and used to monitor and evaluate their lived experienced in the home. Records should be maintained to evidence that these views are considered in	Met

	decisions about improvements to the home and how care should be delivered.	
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 1 Stated: First time	The registered person shall review the current service engagement model with young people and determine the best approach to ensure that the views, wishes, and feelings of young people are regularly sought and used to monitor and evaluate their lived experienced in the home. Records should be maintained to evidence that these views are considered in decisions about improvements to the home and how care should be delivered.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 Ref: Standard 17 Stated: First time	The registered person shall review the current handover procedures and determine the most effective system of sharing essential information that supports staff to make safe and effective day to day decisions on how care is delivered.	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 safe staffing arrangements are in place and that staff are well led?

Since the last inspection, there have been changes to the management arrangements in the home. Review of records and discussions with the management team provided evidence of a renewed focus on governance and quality assurance. They demonstrated a shared vision and commitment to improvement, supported by effective working relationships with the staff team.

As noted in Section 4.0 staff reflected on challenges meeting the complex and competing needs of the young people. When young people present with high risk behaviours, it is essential that there are the right number of staff, with the right skills, knowledge and training to respond to the needs of the entire group, and to ensure that the staffing resource required to support a young person in crisis does not compromise the support available to others in the home.

To adhere to young people's individual safety plans, additional staff were often sourced through as and when (bank staff) arrangements and included on the rota. Whilst no concerns were identified with these staff members on an individual basis, staff reflected that they lacked established relationships with the young people. This limited their ability to promote continuity of care and placed additional demands on core staff during shifts. A review of staffing arrangements aligned to the needs of the young people is required to promote the delivery of consistent and safe quality care. An area for improvement was identified.

A review of the staff training matrix identified several gaps in regard to training, all of which are essential for supporting staff to deliver person centred, safe and effective care. The review also highlighted the need to assess staff training requirements to ensure they are aligned to the needs of the individual young people; the training matrix did not evidence staff had received training in areas such as child sexual exploitation and attention deficit disorder. It is essential to implement a robust training plan to ensure staff at all levels are equipped with the knowledge and skills necessary for their roles. Additionally, any potential risks associated with staff working in the home without adequate training must be mitigated against through appropriate measures. An area for improvement was identified.

Discussions identified the manager was knowledgeable in regard to safe staff recruitment practices to ensure that the young people have access to a safe and positive environment. However, recruitment records should be improved and maintained by the service to evidence that safe recruitment practices have been adhered to. A clear process and procedure should be in place that will ensure the manager has effective oversight of staff recruitment which provides them with the necessary assurance that all staff working in the home have been subject to robust recruitment processes in compliance with The Children's Home Regulations. An area for improvement was identified.

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

Management and staff demonstrated a commitment to providing individualised care while maintaining an awareness of the complexities of group living dynamics and actively working to reduce their impact.

Care records were individualised, and it was encouraging to see evidence of young people's participation in age appropriate activities, as well as having opportunities to engage in new experiences and create positive memories.

Records to guide staff in supporting young people's safety and wellbeing, such as risk assessments and individual crisis support plans (ICSPs) were detailed and specific to each young person. However, it is essential that these documents are regularly updated and reviewed to ensure they remain effective and responsive to any changes or emerging concerns. The management team confirmed that ensuring regular updates and reviews of relevant

documentation was a current focus. To support this, they had introduced case planning meetings with residential keyworker staff. These meetings enabled keyworkers and the management team to collaboratively review care planning from a residential perspective, with a focus on ensuring that care records are updated accordingly and any changes communicated to the staff team.

Systems were in place to review and monitor progress of young people's placements. In addition to statutory Looked After Children reviews, monthly care planning meetings were held, involving all relevant professionals. The deputy manager shared examples of efforts to engage young people in these meetings. The frequency of these meetings were increased in response to identified or escalating risks. The inspector noted that the minutes of these meetings were not consistently available within the young people's records and advised the manager to address this. The manager agreed to raise this matter with the young people's statutory social workers, where relevant, to ensure improved record keeping practices.

Effective communications arrangements are crucial between a staff team for delivering safe quality care. Staff confirmed they had access to regular team meetings and protected time for daily handovers. Observations of a staff handover demonstrated that staff were knowledgeable and well-informed about the needs of the young people and what was important to them. Staff engaged in shift planning, ensuring a coordinated approach to address the needs of the young people throughout the shift.

The management team and staff also highlighted the value of receiving support from relevant professionals within the provider's therapeutic services, such as psychology, occupational therapy and speech and language therapy, which helped them better understand and meet the needs of individual young people.

Post-inspection discussions with a senior manager confirmed the provider's intention to submit an application to RQIA to vary the service's registration. The proposed variation seeks to remove the learning disability category of care from the service's registration.

5.2.3 How does the service ensure that risks are effectively managed?

Discussions with staff and the management team confirmed a focus to prioritising safety and safeguarding young people. Review of records evidenced appropriate and timely response to potential child protection concerns.

Restrictive practices were implemented within the home as a response to assessed risks and concerns. These practices included young person specific measures aimed at mitigating or reducing risks. However, there was insufficient evidence available to demonstrate that decision making was consistently supported by a comprehensive restrictive practice framework.

A framework to guide and support decision making can protect and promote young people's human rights and support timely reviews and/or timely consideration of reduction plans. An area for improvement was identified.

The management team and staff demonstrated confidence in describing safety plans for individual young people, which were regularly reviewed to reflect current risks or concerns. However, the inspector noted that the most recent safety plans were not readily available within the young people's records. Such documentation must be current and easily accessible to all staff, including those who may be less familiar with the young people or recent updates to plans. This ensures a consistent and effective safeguarding response. An area for improvement was identified.

A review of significant incident records identified that they typically included detailed descriptions of the incidents and the immediate actions taken by staff to manage evident risks. However, the analysis and reflection of these incidents require further development to ensure potential actions to prevent recurrence or mitigate risks to young people's emotional well-being and physical safety are consistently identified. An area for improvement was identified.

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	4

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Stated: First time To be completed by: 8 January 2025	The registered person shall ensure there is a robust process and procedure in place which ensures that the manager has effective oversight of all staff recruitment. This process and procedure should also ensure that evidence is available at all times which demonstrates that any staff member employed in the home has been subject to robust and safe recruitment practices in compliance with Regulation 25, Schedule 2. Ref: 5.2.1 Response by registered person detailing the actions taken: The advertising for and recruitment of Staff is delivered through the support of the Human Resources Department within the Trust. The Manager of the Home ensures that the Job

	<p>Description and Job Specification is tailored to the post. The Home currently operates a personal file for all core Staff. Going forward this will be expanded to include all Bank and Agency staff who work in the home. Prior to commencing employment with the Home, the Social Work Manager and/or Assistant Social Work Manager of the Home, facilitates an Initial Induction Meeting with the Staff member. The Staff member will be required to bring evidence of their Qualification/s, Identification and NISCC registration to the Induction Meeting. A checklist incorporating gaps in employment, reason for leaving previous employment and/or a childcare job and 2 references will also reviewed at induction. An email from BSO requesting an outline of their checks in regards to the employee will also be obtained. This information will be retained on all staff member's personal file.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2025</p>	<p>The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that:</p> <ul style="list-style-type: none"> - it is implemented on the basis of an assessed need or risk related to the individual young person - it is the least restrictive option and all other options have been exhausted - it has been agreed with the multi-disciplinary team, the young person and/or their representative as appropriate, - there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Managers have discussed with the Team the importance of accurate recording in regards to the implementation of restrictive practice based on assessed need and risk to Young Person. Restrictive Practice Policy was circulated on 16/10/24 and discussed at a Team Level within the home on this date and further at a Residential Managers Meeting on 09/01/25.</p> <p>Within the above forums least restrictive options when all other options were exhausted was explored. It was also conversed and agreed when required restrictive practice will be discussed with the Young Person and other professionals within the Care Plan Arena.</p> <p>Timescales, review of effectiveness and reduction plan of restrictive practice will also be recorded in the Young Person's Care Planning Minutes and Risk Assessment as required.</p>

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Standard 17.1 Stated: First time To be completed by: 8 January 2025	<p>The registered person shall ensure a review of the current staffing model is undertaken and action taken to ensure the model is:</p> <ul style="list-style-type: none"> • Based on the assessed needs of the current group of young people accommodated and; • Incorporates flexibility to respond to temporary or unplanned variation in assessed needs and/or service requirements. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Staffing model within the home was reviewed by the Manager and Principal Social Worker on 18/12/24. There was a further meeting with the Manager, Principal Social Worker and Head of Service on 07/01/25 which explored the current needs of the group of Young People and Core Staffing levels within in the home. The Head of Service is scheduling a meeting with the Assistant Director to discuss the accomodation of Young Peoples needs and recommendations as per Young Person's Care Plan to ensure a consistent, good standard of care and safety within the home.</p>
Area for improvement 2 Ref: Standard 17 Stated: First time To be completed by: 8 January 2025	<p>The registered person shall ensure there are robust governance arrangements in place for effective oversight and monitoring of staff's compliance rates in training areas, in order to drive improvement in this area. This should include as and when and domestic/auxiliary staff, as applicable. Training provided to staff should also be aligned with the specific needs of the young people.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Manager of the home has reviewed current and further training needs for the team. Since the inspection Staff have registered, and to date the majority have completed Safeguarding Training. The Manager linked with The Professional Officer, Social Services Learning, Development & Governance Team on 07/01/25 and requested Training in regards to Child Sexual Exploitation, ADHD and Autism. To date there is no scheduled training for this in Trust. It was</p>

	<p>advised that Team members should log an interest online for this specific training and it should be scheduled in the new financial year. The Manager will continue to follow this up.</p> <p>In the interim period to fulfil unmet need in the aforementioned training, the Manager had linked with Senior Social Worker, Child Exploitation Lead to request an awareness Training session for staff. This will be scheduled in the near future.</p> <p>The Manager has further reached out to the Head of Service for Scaffold Consultation & Therapy Service For Children in Care, to explore Training for Residential Staff as Carers. A recommendation in Tier 1 Autism Intervention, which has been proven to be really informative for all those who are providing care to children with Autism was recommended as a good place to begin for the Residential Staff. The Staff Team have been provided with links to the Training Video's for participation.</p> <p>There is a robust recording system for mandatory Trust training in place, alongside Fire safety, TCI, First Aid. This system flags upcoming due dates for all mandatory training and staff members are informed. Training is also reviewed via supervision. In the current month of January and into February annual staff appraisals will be completed in the home. In these appraisals an individual review of the years training and a plan for the year ahead is completed. This information will form part of the overall plan for the training needs for the year ahead.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 10 December 2024</p>	<p>The registered person shall ensure that up to date safety plans are documented and easily accessible for staff and young people, as appropriate.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Manager has reviewed Young People's safety Plans. In December 2024 and January 2025 Keyworkers have revisited Safety Plans alongside Young People and have agreed steps which are mutually respected.</p> <p>Given the confidential nature and individualisation of Safety Plans for Young People, these are kept securely within the Young Person's synopsis file, in a locked cupboard in the Staff Office.</p> <p>Safety Plans are updated and agreed as and when required and are accessible to all staff on shift. Young People have their own copy of their individual safety plan and staff can</p>

	share/discuss the safety plan with then at any point the Young Person requests.
Area for improvement 4 Ref: Standard 18 Stated: First time To be completed by: 10 December 2024	The registered person shall ensure that significant incident records are improved to ensure effective analysis of the incident, and will include; <ul style="list-style-type: none"> • Analysis of action taken to prevent/reduce recurrence • Analysis of further interventions/strategies which could be explored Ref: 5.2.3
	Response by registered person detailing the actions taken: The Managers reviewed REC 4 significant event records and a detailed discussion at Team Meeting on 25.09.24, 30.10.24 and on the 27.11.24 focused on all aspects of a REC 4, which incorporated analysis of actions taken to prevent/reduce recurrence and analysis of further interventions/strategies which could be explored. Rec 4 recording is a rolling item on the agenda for Team Meetings and it is envisaged that this will be ongoing to ensure accurate recording on a Rec 4 is embedded in practice. The Managers will undertake an audit of Rec 4's at the end of January 2025 to look at how staff are implementing guidance on completing Rec 4's and provide ongoing support as and when necessary.

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