



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN044012
20 June 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Service Type: Children’s Home</p> <p>Provider Type: Health and Social Care Trust</p> <p>Located within: – Western Health and Social Care Trust</p>	<p>Manager status: Registered</p>
<p>Brief description of how the service operates:</p> <p>This home is registered as a small children’s home as defined in <u>The Minimum Standards for Children’s Homes (Department of Health) (2023)</u>.</p> <p>This home was registered to provide short breaks to young people assessed as having physical and or intellectual needs/ disability until they reach the age of 18. In November and December 2022 the provider requested a temporary change to the homes registration, on 23 December 2022 a condition was agreed that the homes Statement of Purpose (SOP) would temporarily change to provide medium term care for a reduced number of places. The homes SOP will revert to short breaks as soon as this can be achieved safely.</p> <p>The children living in this home have been assessed as having physical and or intellectual needs/ disability and in need of medium to long term care.</p> <p>Children and young people will be referred to collectively as young people throughout the remainder of this report.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 20 June 2024 between 10.00 am and 5.00 pm 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.

Areas for improvement identified at the last care inspection with respect to the young people’s needs led assessments, support plans and team meetings were met.

Areas of improvement with respect to the physical environment and handover records were not met and are stated for a second time, the rationale for stating these again is detailed in the body of the report.

Three new areas for improvement were identified with respect to support planning, fire safety training and the complaints and compliments procedure.

Staff spoken to demonstrated detailed knowledge and understanding of how to meet each of young people's individual needs. Staff described a positive work environment where the manager was approachable, compassionate and supportive; ensuring staff have access to regular and effective supervision, staff meetings and training.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the management team 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, 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 met with the manager, staff and young people during the course of the inspection.

Young people, carers/relatives and visitors also had the opportunity to provide feedback via a questionnaire. No feedback was received by RQIA via questionnaires or electronic survey post inspection.

Young people within the home were observed, they presented as relaxed in their surroundings and engaged well with staff. The staff were able to identify and respond to the young people's needs in an effective and timely manner.

Staff reflected on the current challenges within the home associated with managing risks resulting from challenging behaviours exhibited by the young people, while also promoting their safety and health and wellbeing in the least restrictive manner possible. This was discussed further with the manager and assurances were provided that staff were being supported to undertake their duties, using a disability and trauma informed approach.

Staff expressed the view that the manager was very approachable and supported staff to provide safe and effective to 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?

The last inspection to this service was undertaken on 11 May 2023 by a care inspector. Five areas for improvement were identified.

Areas for improvement from the last inspection on 11 May 2023		
Action required to ensure compliance with the Minimum Standards for Children's Homes Regulations April 2023		Validation of compliance
Area for improvement 1 Ref: Standards 1 & 2 Stated: Second Time To be completed by: 11 July 2023	The registered person shall ensure arrangements are put in place that put the child's voice, wishes and feelings at the heart of needs led assessment and planning. This should be clearly evidenced in records available to staff that guide care.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by 11 July 2023</p>	<p>The registered person shall ensure that individualised support plans are further developed to identify how each of the young people`s physical, emotional, and social developmental needs will be understood and promoted.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Evidence was available that support plans had been developed which identified the young people`s general physical, emotional, and social developmental needs. The support plans need to be further developed to specifically identify how the young people will be supported to achieve individual care goals.</p> <p>This area of improvement was therefore met, and a new area for improvement is stated to improve support plans in relation to evidencing an outcome focus.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 17</p> <p>Stated: First Time</p> <p>To be completed by: 11 May 2023</p>	<p>The registered person shall put in place suitable arrangements that improve frequency of team meetings.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First Time</p> <p>To be completed by: 11 August 2023</p>	<p>The registered person shall ensure that the home is kept in good repair with the redecoration and maintenance service responsive to the immediate requirements of the home.</p>	Not met
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was not met and is stated for a second time.</p>		

Area for improvement 5 Ref: Standard 17 Stated: First time To be completed by: 11 May 2023	The registered person shall ensure that staff will consistently complete daily written hand over records to support staff in day to day decision making and ensure recording practices are in line with professional standards and in accordance with NISCC code of practice.	Not Met
	Action taken as confirmed during the inspection: Handover documents were not being consistently signed and dated in line with professional standards and in accordance with NISCC code of practice. This area for improvement is stated for a second time.	

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 are always supervised by staff when leaving the home. The young people's access to the staff office; staff bedrooms; confidential information; and storage rooms for medication and hazardous substances is restricted to ensure their safety is paramount. These actions that restrict young people's movement in the home were justified and proportionate. Robust multi-disciplinary risk assessments were in place and provided assurance that any restrictions used were in keeping with the presenting levels of risk, compliant with mental health legislation, data protection regulations, and necessary to safeguard the health, wellbeing and safety of both young people and staff.

Staff confirmed they understood how trauma and adverse childhood experiences can influence how young people with severe learning disabilities behave and interact with other young people and staff. The manager advised that learning disability specific safeguarding training had been provided to staff. This provides staff with the knowledge and skills to deliver disability and trauma informed safe and effective care.

Young people's risk assessments and care plans were sampled. They clearly identified risk behaviours, the triggers for such behaviours and the strategies in place to reduce the risk of harm. Risk assessments were up to date, with evidence of regular review of risk management safety plans. Support plans identified the young people's general physical, emotional, and social developmental needs however, they did not identify how the young people will be specifically supported to achieve their individual care goals, which is a key element of a model of care that aims to be person centred and improve young people's outcomes. An area for improvement was identified.

The use of communication strategies and transition schedules with the young people was evidenced. This ensures that the voice of the young people is consistently sought and understood and their care needs are at the heart of care delivery, in order to maximise the young people's lived experience.

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

The security arrangements within the home were reviewed. The inspector was assured that there was a system in place to monitor all visitors to the home which is essential to maintain a safe care environment for the young people.

Staff working in this service must be registered with the Northern Ireland Social Care Council (NISCC) who are responsible for setting standards for Social Workers and Social Care Workers for their conduct, training and practice.

There was a robust management governance system in place for monitoring compliance with NISCC registration requirements and to support service assessments of staff competence. This approach ensures staff supporting and caring for young people in this service are maintaining workforce standards and undertaking professional training that promotes staff delivering safe and effective care at the right time.

Staff rotas were sampled and provided evidence of advance planning by the manager to ensure sufficient staffing and scheduling of regular staff handovers, and team meetings. There is also an on call system that provides additional support to the staff team, which in turn aims to support improvements in relation to the quality of care and young peoples lived experience, this is accessed as and when required.

Review of training records provided evidence that staff have access to essential mandatory and specialist training to promote the delivery of person centred care and support. Discussion with the staff and inspection of staff meeting minutes provided assurance that staff compliance with training targets was regularly monitored by the manager. Not all staff had completed fire safety training twice per year which is required to ensure staffs actions in an emergency secures the safety of the young people living in the home. An area for improvement was identified.

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

The interior of the home was decorated with a range of child centred wall murals creating a welcoming and familiar care environment for the young people. Several well-equipped communal areas were available for the young people to use.

Young people's bedrooms viewed were accessorised to meet their individual tastes and preferences. There was fencing around the perimeter of the back garden with a range of play equipment creating a secure and private recreational area for the young people.

The homes environment still requires maintenance and the provider has not responded to the area for improvement stated as a result of the last inspection. The observation of the environment concluded the exterior walls, communal areas and two young people's bedrooms need repainting. Whilst these areas have been noted during this inspection, in the future the

provider should also have adequate arrangements in place to attend to new maintenance needs in this home as they arise. This area for improvement is stated for a second time.

Sampling of fire safety records identified fire alarm testing, fire evacuations and annual fire risk assessments were regularly completed, reviewed and updated in accordance with the providers Fire Safety policy.

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

The manager advised that young people's meetings were not the most effective way of identifying and recording the views of the young people. Review of team meeting minutes demonstrated routine scheduling of discussions on the needs, views, and preferences of the young people. Staff gather this information through their daily observations, communications and interactions with the young people. There was evidence that this information was being used to plan and structure the young people's care routines and daily living within the home.

Handover records were reviewed. They contained essential information to support staff in day to day safe and effective decision making. Records were not being consistently signed and dated by staff, therefore recording practices were not consistent with professional standards and in accordance with NISCC code of practice. This area for improvement is stated for a second time.

Sampling of complaints and compliment records demonstrated that procedures were in place to enable service users to exercise their right to complain or comment on the overall effectiveness of the service. The complaints and compliment records however did not clearly document the outcome of service user complaints, or provide a specific description of how the service was effective. The collation of such information supports services to assess the overall effectiveness of the care provided and if the improvements implemented have achieved the intended outcome. An area for improvement was identified.

Review of supervision records and feedback from staff demonstrated that regular and supportive supervision was being provided to staff. Regular good quality supervision is essential to contribute to staff's professional development and enable them to become competent and reflective practitioners.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023)**

	Regulations	Standards
Total number of Areas for Improvement	0*	5**

** the total number of areas for improvement includes two that have been stated for a second time

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 Minimum Standards for Children's Homes (Department of Health) (2023)	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 20 September 2024</p>	<p>The registered person shall ensure that the home is kept in good repair with the redecoration and maintenance service responsive to the immediate requirements of the home with specific reference to the following:</p> <ul style="list-style-type: none"> • Paint is peeling off exterior walls and need repainted • Two young people's bedrooms need to be repainted • The communal living areas need repainting • Repair of window blinds in one young person's bedroom <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A business case has been approved to fund redecoration and painting of the home, this will commence when the young people have returned to school.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 17</p> <p>Stated: Second time</p> <p>To be completed by: 20 August 2024</p>	<p>The registered person shall ensure that recording practices within handovers are in line with professional standards and in accordance with NISCC code of practice.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All recording practices within handovers are now in line with professional standards and in accordance with NISCC.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2024</p>	<p>The registered person shall ensure that individualised support plans are further developed to identify how each of the young people's physical, emotional, and social developmental needs will be understood and promoted. They should clearly identify the specific care goals identified and outcomes to be achieved.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p>

	Support plans ar being developed to ensure the individualised supports for each young person are identified and how these will be met.
Area for improvement 4 Ref: Standard 17 Stated: First time To be completed by: 20 September 2024	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people in keeping with the practice model adopted by the home. All staff must complete Fire Safety Training as required in accordance to their role. Ref: 5.2.2 Response by registered person detailing the actions taken: Training has been organised with the Trust's fire department, staff will also complete fire training online every 6 months. Staff training will be addressed individually with staff within supervision and as a staff group at team meetings.
Area for improvement 5 Ref: Standard 21 Stated: First time To be completed by: 20 August 2024	The registered person shall ensure that a clear description of the service user complaints or compliments are recorded so that the overall effectiveness of complaints and compliments can be assessed and improvements facilitated Ref: 5.2.4 Response by registered person detailing the actions taken: The system for recording compliments/complaints has been improved, the new system ensures a clear description of the compliment/complaint and the outcome of this.

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