



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN043001
9 October 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: Western Health and Social Care Trust	Manager status: Registered
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.	

2.0 Inspection summary

An unannounced inspection took place on 9 October 2024 between 9.30 a.m. and 5.30 p.m. The inspection was conducted by two care inspectors.

RQIA received intelligence on 12 April 2024 in relation to alleged safeguarding concerns within the home. In response, RQIA engaged with the provider's senior management team and sought assurance that a proactive, robust response to the concerns raised would be undertaken. The inspection therefore focused on safeguarding as a key theme.

The inspectors concluded robust safeguarding processes were in place to support the protection of young people and informed how care was being delivered in the home. There was evidence that staff were aware of their safeguarding roles and responsibilities and took necessary action in response to safeguarding concerns. There was a compassionate, trauma informed approach within the home and the home was well led by the manager.

The inspection also assessed progress with all areas for improvement identified during the last care inspection. Three areas for improvement identified at the last care inspection were assessed; compliance had been achieved in relation to two areas. One area for improvement in relation to staffing arrangements was restated for a second time. New areas requiring improvement were identified in relation to young people's meetings, management of young people's pocket money and staff training.

The findings of this report will provide the manager 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, 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 inspectors spoke with staff and young people on the day of inspection.

Young people provided positive feedback regarding the physical environment, describing this as comfortable and homely. Young people reported that staff were supportive, they had good relationships with staff and were positive regarding the activities that were made available to them.

Young people raised issues regarding young people's meetings not occurring on a regular basis, and restrictions in place around pocket money. These issues are discussed in greater detail in section 5.2.2. Areas for improvement were identified in relation to these matters.

Feedback from staff provided a positive view regarding support from the management team, the morale amongst the team and the quality of the care provided to the young people. An ethos of developing meaningful and secure relationships between the young people and staff was evident. Staff reported to have good relationships with the young people and discussed how the team worked well together to provide the best possible care. Staff emphasised the importance of building secure relationships with young people and were aware of their roles and responsibilities with respect to child protection and safeguarding.

Staff reported that vacancies in the staff team have meant that it can be a challenge to ensure there are adequate numbers of staff on shift at all times. This is discussed in further detail in section 5.2.3. No feedback was received by RQIA via questionnaires or electronic survey post inspection.

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 05 March 2024		
Action required to ensure compliance with The Minimum Standards for Children's Homes (DHSSPS) (2023)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The responsible person shall ensure that handover and daily log records are improved in line with professional standards and in accordance with NISCC codes of practice. All staff should have consistent access to online reporting systems to carry out recording tasks effectively.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The responsible person shall review and improve the governance arrangements with respect to risk assessment. Robust, current risk assessments for each young person must evidence the actions required to promote the welfare of young people and be available for staff reference, subject to regular review; monitoring and inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 17 Stated: First time	The responsible person shall ensure that staffing levels remain under review and action taken if required to ensure they are aligned to young people's care planning needs, and are adjusted in line with incident analysis, learning and review.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and was stated for a second time. See section 5.2.3 for further detail.	

5.2 Inspection findings

5.2.1 How does the service ensure there are robust management and governance arrangements in place to support safe, quality care?

The complexity of young people's needs and risks requires continuous risk assessment and management in order to ensure staff interventions and the supports provided to young people remain targeted and effective.

Governance arrangements in place to support the protection of young people and ensure staff interventions are effective were reviewed. Daily logs, incident records, and young people's care documentation, including care plans and risk assessments were also sampled. Incident records submitted to RQIA and young people's risk assessments confirmed the staff team identified risks, took appropriate action and that risks were subject to regular review. Individual support plans in place detailed appropriate interventions and supports required to mitigate against assessed levels of risk.

There was evidence to confirm regular monthly meetings were held to share intelligence with relevant professionals and review and update risk management plans. Clear processes were in place in relation to safety planning and there was effective collaboration with police and other external professionals, at a local and regional level, if required.

Discussion with the manager provided assurance that the staff team adopted a young person centred approach to risk assessment and decision making; and advocated for young people to ensure that risk management plans were effective and dynamic to the risks posed. Records emphasised the importance of promoting young people's safety and wellbeing, whilst maintaining a respectful approach to their age and stage of development and previous trauma.

The manager provided assurance that robust action was taken by the provider in response to the alleged safeguarding concerns shared with RQIA and that an investigation was subsequently undertaken. The investigation report was not available on inspection, however the manager confirmed the recommendations resulting from the investigation included undertaking exit interviews with staff who are leaving the service, and ensuring that safeguarding training is undertaken within the required timescales. The manager confirmed work was underway to embed these recommendations. The investigation report was subsequently made available to RQIA post inspection.

The manager described that the safety and wellbeing of the young people was of paramount concern, that safeguarding was at the forefront of staff practice, and that they were committed to maintaining this culture within the home. The manager was confident that the management and staff team were aware of safeguarding issues that the young people faced and were proactive in their response, knowledgeable on policy and procedure, and that staff responses were aligned to their roles and responsibilities. It was positive to note that the provider had also designated a professional, independent from the home, that staff could escalate any issues or concerns to.

5.2.2 How does the service ensure young people rights, wishes and feelings are understood, heard and promoted?

Young people's meetings provide an opportunity to promote young people's involvement and active participation in decision making and their capacity to influence the way they are cared for. Proactive and effective engagement with young people in this way can reinforce to young people that their views and opinions matter, and can give young people a greater sense of autonomy and control.

Young people's meetings were not occurring on a regular basis in the home; and featured within the feedback provided to the inspectors by the young people. It is essential that young people are provided with regular opportunities to raise any issues, express choices in regard to activities, and influence the running of the home. This supports a culture within the home that is young person centred and maximises the participation of the young people in every aspect of decision making about their care, welfare and the environment within which they are living. An area for improvement was identified.

It was positive to note that young people had access to an independent person, external to the home via Voice of Young People in Care (VOYPIC) who can advocate on their behalf; and promote young people's views.

Feedback from young people and sampling of records identified that pocket money was being spent by young people under the supervision of staff. Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. Young people should receive care which helps them prepare for and supports them in the transition to independence and adulthood, and have opportunity to develop financial capability, knowledge and skills. Where safe to do so, young people should be able to make spontaneous decisions and spend their pocket money as they choose in line with their age and stage of development. Any decision to put restrictions on young people's pocket money should have a clear justification and be based on a robust individual assessment of risk. An area for improvement was identified.

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

Young people thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships. There were a number of vacancies within the staff team and as a result, not all of the young people were allocated a key worker. Plans were in progress to recruit additional staff and to pilot introducing youth workers within the staffing model.

The management team provided assurance that in the interim, safe staffing levels were maintained within the home. However, the current vacancies placed pressure on existing core staff, created dependency on bank staff and could potentially have an impact on the care and support young people receive. An area for improvement in relation to staffing identified during the last inspection was therefore not met and restated for a second time.

The training needs of all staff should be monitored on an ongoing basis and identified training needs addressed in a timely manner. This approach ensures staff have access to training that equips them with the necessary knowledge, skills and competence to respond to the young people's needs appropriately.

Following a review of the training matrix, it was noted that compliance with safeguarding training timescales needed improvement. The manager provided assurance that there was a plan in place to ensure compliance was achieved in a timely manner and to ensure effective safeguarding responses were maintained within the home. Access to initial and refresher training ensures staff teams remain highly skilled in; promoting the welfare of young people and working in partnership with key professionals to protect them from any form of abuse and exploitation. An area for improvement was identified.

The training matrix used to record training should also be improved to clearly reflect that safeguarding training should occur at least annually for all staff including domestic and ancillary staff. This action will strengthen oversight of the team's compliance with safeguarding training. Maintaining compliance in this area will ensure staff remain equipped with the skills required to promote young people's safety and wellbeing. Progress in this area will be reviewed during future inspection activity.

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)**.

	Standards
Total number of Areas for Improvement	4*

* the total number of areas for improvement includes one that has 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)	
Area for improvement 1 Ref: Standard 17 Stated: Second time To be completed by:	The responsible person shall ensure that staffing levels remain under review and action taken if required to ensure they are aligned to young people's care planning needs, and are adjusted in line with incident analysis, learning and review. Ref: 5.1 & 5.2.3

31 January 2025	<p>Response by registered person detailing the actions taken:</p> <p>The responsible person continues to review staffing levels in accordance with young people's care plans and adjusted to reflect same in consultation within the management structure for residential care.</p> <p>Efforts have continued to recruit staff following a series of unsuccessful recruitment drives. A temporary deployment of two Support and Engagement worker was achieved in consultation with the Trust HR department. The two staff will be employed for a period of a year in support of recruiting Residential Social Work staff on a permanent basis to stabilise the workforce.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The responsible person shall ensure that young people's meetings take place regularly, minutes are recorded in a timely manner and reviewed at the next meeting to evidence young people are receiving feedback on any issues raised. The minutes should be made available for inspection.</p> <p>Ref: 4.0 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The responsible person in conjunction with Residential Social Workers will ensure that young peoples meetings are facilitated, recorded and progress made following review at team meetings and feedback given to Young People in a timely manner.</p> <p>It is also important to acknowledge that some young people who don't want to participate in group meetings have their views captured in a different format and incorporated into the review meetings. Going forward these will be added into the Young Peoples Record file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The responsible person shall ensure decisions regarding supervision of a young person's pocket money are based on individual risk assessments.</p> <p>Ref: 4.0 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The responsible person will ensure all young people will have incorporated into their individual Risk Assessments the supervision of pocket money, when their risks are identified by their care network as a high level of concern and impacting on their own safety, health and wellbeing.</p>

Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 31 January 2025	The registered person shall ensure all staff working in the home complete annual safeguarding training within timescales. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered person has ensured all core social work staff have completed their level 2/3 in Safeguarding training alongside Support staff achieving level 2. In addition to the core staff having level 2/3 training the registered person will ensure that additional staff will access annual safeguarding training and records maintained to reflect same.

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