



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN042978
5 December 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: 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> . The young people living in this home have had adverse childhood experiences which has resulted in them requiring residential care. Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service to increase the maximum number of registered places.	

2.0 Inspection summary

An unannounced inspection took place on 5 December 2024 between 10.30 a.m. and 4.30 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 had the necessary arrangements in place to deliver safe, effective and compassionate care and if the service was well led. Five areas for improvement identified at the last care inspection were assessed; and the inspector concluded compliance had been achieved in relation to all five areas. One new area for improvement in relation to transition planning for young people moving into adulthood was identified.

The inspection process also included assessment of an application to vary the registration of the service. The application sought to increase the maximum number of young people that could be accommodated in the home. Some of the young people may have specific risk profiles. RQIA was assured that an increase in the number of young people accommodated could be managed by the current staff team, that the staff were skilled in managing specific risk profiles within the home and were supported to do so by specialist professionals within the multi-disciplinary team.

A range of documents were examined to determine if effective systems were in place to deliver safe, quality care. Discussions with the management team provided assurance that robust governance mechanisms and safe staffing arrangements were in place, aligned to the intended statement of purpose for this service.

The application to vary the registration and increase the maximum number of places was approved post inspection. The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

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, 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/ person in charge at the conclusion of the inspection.

4.0 What people told us about the service

Engagement with the management and staff team demonstrated a high level of commitment and motivation to provide safe and effective care for all the young people. Staff were observed actively listening to the young people and being open and honest with them.

Staff described challenges associated with their roles and their work with young people who present with high risk behaviours, but also provided a positive view regarding cohesion within the staff team where issues or challenges can be openly discussed; and described that a reflective culture existed within the home. Staff demonstrated a trauma informed and compassionate approach when discussing the young people currently in their care.

Young people present in the home did not wish to engage with the inspector, however a good rapport was observed between staff and young people throughout the day of inspection.

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 15 October 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 Stated: Second time To be completed by: 19 December 2023	The responsible person shall review all potential restrictive practices used in the home. The review must ensure the quality of recording and records in place. Records must evidence that practices used are necessary and proportionate for the group of young people. Restrictive practices must be justified as to how they are agreed in writing by relevant parties including the young person and are subject to regular review. Where possible a risk reduction plan should be in place.	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 1 Ref: Standard 11.1 Stated: First time To be completed by: 13 February 2024	The responsible person shall ensure that a review of the kitchen area takes place and a plan developed for the improvement of this area.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 2 Ref: Standard 17.11 Stated: First time To be completed by: 2 January 2024	The responsible person shall ensure that bank staff are equipped with the training required to meet the assessed need of the young people.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 17.11 Stated: First time To be completed by: 2 January 2024	The responsible person shall ensure that regular training is provided to all relevant staff, in line with their roles and responsibilities, in the areas of harmful sexualised behaviour and vicarious trauma: to ensure that all staff are equipped with the skills and training necessary to meet the assessed need of the young people.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 Ref: Standard 1.2 Stated: First time To be completed by: 12 December 2023	The responsible person shall ensure that the home provides young people with regular opportunities to share their views and opinions and contribute towards the running of the home. Evidence should be maintained to reflect engagement with young people in this regard.	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 that risks are effectively managed?

Young people who live in the home may have complex needs and specific risk profiles. Management of risk within the home requires continuous risk assessment and support to ensure the right care at the right time is delivered from the residential staff and multidisciplinary team. Risk assessments are an effective tool that can be used to promote safety when planning care and support so that robust protective measures are evidenced as being in place and relevant to current risk. This approach can support staff to safeguard and promote the welfare of all the young people living in the home. Risk assessments should be recorded for staff reference, subject to review and monitoring. Sampling of risk assessments identified they were updated in a timely way, reflected current risks and informed young people's individual crisis support plans to ensure their safety and wellbeing during a crisis or period of distress.

Young people's care records identified risks were identified, acknowledged and appropriately responded to with the involvement of external professionals to support young people to be safe and achieve good outcomes. Discussion with the manager identified that the challenges presented by the current group were appropriately managed however there was recognition that there were concerns in relation to emerging concerns that had potential to increase the risk profile within the home. In response, there was evidence of effective collaborative working with the multidisciplinary team, senior management team and external organisations. This approach ensured the staff team were supported in managing young people's complex needs whilst promoting an individualised and trauma informed approach to address high risk behaviours.

The staff training matrix and discussions with the manager evidenced that the staff team have received bespoke training in the areas of harmful sexualised behaviour and vicarious trauma. This training programme ensured staff were equipped with the skills and training necessary to meet the assessed need of the young people. Given the importance of all staff being competent and confident to manage risk within the home and to ensure the staff team are consistent in their approach, bespoke training was delivered regularly. Staff also had access to consultation sessions with relevant professionals for additional guidance on risk management and support in their role.

5.2.2 How does the service ensure young people are getting the right service for them?

Young people should receive care which helps them to prepare for and supports them in the transition to independence and to develop the skills they need to thrive as they approach adulthood. Staff in the service should contribute to the development of pathway plans for young people approaching transition and should also work collaboratively with the multidisciplinary team in implementing transition plans. These plans should reflect the young person's engagement and involvement in the process; and their views recorded should they not wish to participate. This approach will enable young people's views to remain central to the planning process and ensure their voice is heard.

Sampling of records did not provide evidence there were clear transition plans in place. Discussion with the management team provided assurance that they were cited on the challenges with respect to transition planning; and that senior managers were involved in a working group with key partners to drive improvement in this area. A written pathway plan should be in place to evidence the young person's views, preferences and engagement within the transition process. Young people should also have access to a personal advisor to support the transition period. An area for improvement was identified.

5.2.3 Application to vary the registration of the home

The inspection process assessed an application submitted by the provider to vary the registration of this service. The application sought to increase the number of young people who could be accommodated in the service. Assessment of the application included a desktop review of documentation; an inspection of the premises by a care inspector; feedback from staff and sampling of care documentation.

The premises can accommodate the requested increase in residential beds with each young person having access to their own room and en suite. The manager confirmed young people have opportunity to personalise their space to their own individual style and preference.

The management team reported that staffing levels were adequate to meet the needs of the home and that staffing ratios would be regularly reviewed in line with the number of young people, their individual needs and to mitigate effectively against identified risks. Assurance was provided that an established group of bank staff were available to support the team if required. The rota was sampled and provided evidence that the staffing arrangements were consistent with the young people's assessed needs. Staff demonstrated an understanding of the presenting risks and needs within the current group and described a young person centred approach to risk and promotion of safety.

Discussion with the management team confirmed that the compatibility of any potential admissions to the home would be considered through a robust group dynamic impact assessment to ensure each young person's needs would be safely met. Inspection of evidence confirmed that impact assessments were completed as part of the admissions process. This approach ensures that young people's assessed needs are matched to the right service, potential risks can be identified prior to the admission of a young person; and mitigating actions can be put in place to reduce any potential risks identified. Advice was provided to ensure that the impact assessment is integrated into the admissions process described within the home's statement of purpose so that the procedure is clearly outlined and used to inform the appropriateness of the placement, access to additional resources is considered prior to admission and that young people's transition into the home would be undertaken in a planned way.

The application to vary the registration was subsequently approved by RQIA.

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	1

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 14 Stated: First time To be completed by: 5 March 2025	<p>The responsible person shall review transition processes within the home and take action to ensure; staff work collaboratively with key stakeholders to support effective transitions to independence and adulthood; and to ensure needs assessment and pathway planning for young people is consistent with legislative requirements, the young people's individual needs and abilities, and within agreed timescales.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager shall ensure that this matter will be raised during supervision, team meetings, care planning meetings and also during regular contact with all those involved in the care planning process. They shall be reviewed on a regular basis to reflect any changes in the young person's circumstances in an effort to achieve the best possible outcomes for the young person.</p>

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