



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report

IN044860

9 May 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: Independent Provider Located within: – Western Health and Social Care Trust (WHSCT)	Manager status: Registered
Brief description of how the service operates: This home is registered as a small 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. Children and young people will be referred to collectively as young people throughout the remainder of this report. 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 number of beds of this home's current registration.	

2.0 Inspection summary

An unannounced inspection took place on 9 May 2024 between 9.45 a.m. and 6.00 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with 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.

One area for improvement identified during the last care inspection was assessed as met; three areas for improvement identified during a recent medicines management inspection were not assessed as part of this inspection and were carried forward to the next inspection. Three new areas for improvement were identified in relation to care records, evidence of multidisciplinary input and the restrictive practice framework.

Discussions with staff and the management team in the home demonstrated they had a detailed understanding of the young people's individual needs and positive relationships were evident between the young people and staff. The inspector concluded there was safe, effective and compassionate care delivered in the home to the young people 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, their 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 young people, staff, manager and deputy manager and a visiting professional during the course of the inspection.

Young people, relatives/carers and professionals also had the opportunity to provide feedback via a questionnaire. One questionnaire response was received from a staff member post inspection. They responded they were very satisfied that the young people are safe, protected from harm and treated with compassion. They were satisfied that care delivery was effective and the service was well led.

Feedback provided by young people confirmed that they felt safe and secure in the home, they described positive relationships with staff and were comfortable seeking staff support. They exhibited a sense of belonging and felt confident that staff would listen to them and be responsive to their needs. They confirmed they felt able to participate and contribute to how the home was run through regular young people's meetings and more informal day to day conversations. Examples were also provided of how staff built and strengthened relationships between staff and young people through activities and day to day routines.

Discussion with a visiting professional confirmed that staff work collaboratively with professionals and information is shared in a timely manner. Any concerns were quickly attended to in order to keep the young people safe. They described how staff have enabled and promoted individualised positive experiences that were specific to the young people's needs and interests.

Discussions with staff confirmed that the management team are accessible and visible and staff have access to a variety of effective structured formal and informal support arrangements. A culture of teamwork was identified and staff were confident that reflective practice was embedded in the service. Staff confirmed they felt positive about their roles and spoke passionately about positive outcomes achieved with the young people.

Discussions with the management team and observations during the inspection confirmed that they were also accessible to the young people and engaged in discussions with the young people to empower them to express themselves and make safe choices.

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 8 April 2024 by a pharmacy inspector.

Areas for improvement from the last inspection on 8 April 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 Stated: First time To be completed by: Ongoing from the date of inspection (8 April 2024)	The registered person shall ensure that personal medication records are in place and accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 20 Stated: First time To be completed by: Ongoing from the date of inspection (8 April 2024)	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs as outlined in the report.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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 17 Stated: First Time To be completed by: 28 November 2023	The registered person shall ensure that robust records are maintained to evidence staff induction. Records should include evidence of competency assessment/review by the manager for the roles and responsibilities required of individual staff.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Appendix 1, Standard 2 Stated: First time To be completed by: Ongoing from the date of inspection (8 April 2024)	The registered person shall ensure that medicine administration records are maintained to the required standard as outlined in the report.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

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

There were enough staff to meet young people's needs, staff were well informed regarding their role and well supported; leading to a confident staff team that was responsive and focussed on providing the right care at the right time.

Discussions with the manager provided assurances that there was a focus on ensuring staff have the skills and knowledge required to protect, support and promote the health and wellbeing of young people in their care. Improvements have been made to the staff induction process and there was evidence that staff training was tailored to the needs of the individual young people.

Young people's care records provided evidence that staff at all levels were proactive and responsive to risks to the young people's safety and wellbeing. Clear strategies and safety plans were in place and staff were effectively communicating with other professionals as necessary.

Keywork sessions were happening routinely and were attuned to the individual needs of the young people.

Care plans and support plans were subject to regular review and updated and they were developed with a goals/outcome focused approach. Feedback was provided to the manager to strengthen and evidence the young people's active participation in their care plan. The manager agreed to action this. Governance and monitoring arrangements in relation to care records regarding timeliness of completion, review updates and file audits were identified for improvement to ensure quality and consistency and actions are addressed in a timely manner. This will ensure staff have access to the most pertinent information to provide person centred care and support. This was identified as an area for improvement.

Young people's access to education and training opportunities was given a priority in the home and this was noted to have had a positive impact on the young people's self-image and future aspirations.

Feedback from staff confirmed that they had effective access to a multi-disciplinary team which informs and strengthens the therapeutic approach used in the home; guides and directs their care interventions and contributes to an individualised care plan for each young person. However, the ongoing guidance and advice provided by the multi-disciplinary team was not evidenced within the young people's records. The record of the collaborative assessment process and psychological formulation by the multi-disciplinary team, which informs care planning was identified as an area for improvement.

5.2.2 How does the service ensure young people's rights are upheld?

Discussions with young people, staff and observation of care being delivered provided assurance that the young people were enabled to talk to staff, helped to understand what they were feeling, why and how best to communicate their needs. There was a focus on relational care and young people were provided with enhanced support and individual responses as needed. This promotes young people's ability to have their voice heard and achieve desired outcomes.

Young people's meetings typically occurred monthly and provided an opportunity for the young people to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care. The meeting minutes should include an action plan, with actions allocated to an identified person with a review date to ensure actions are completed. The manager agreed to action this. Promoting young people's involvement and active participation in these meetings supports the young people to influence the way they are cared for and know that their views and opinions matter.

Assurance was provided in relation to the use of restrictive practices. Staff confirmed this is a last resort and only implemented when necessary in a way that is consistent with the care plan. However, a sufficiently robust restrictive practice framework was not in place that assured young people's rights are protected and promoted. A review of the governance arrangements is required with regard to the implementation and use of restrictive practices. A clear timescale for review should also be implemented, to review effectiveness/outcomes and impact on the individual young person. This was identified as an area for improvement.

Maintaining high quality facilities gives a strong message to young people that they matter. The inspection process included a tour of the home; and confirmed that the home was well maintained and presented as a comfortable, homely space.

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

The management arrangements in this home were having a positive impact on staff, they spoke positively about the leadership style of the management team. Staff were supported to build their confidence and competence, and collective leadership was promoted. Regular reflective practice forums and staff supervision supported the delivery of trauma informed care, and the positive outcomes being achieved for the young people.

An open, transparent, and supportive culture was described by the staff team. Team meeting records provided evidence of an effective forum within which learning and improvement was promoted.

Discussions with the manager and deputy manager confirmed they were focused on continual improvement; driven by their openness to feedback and ongoing review of what is working well and what needs to be developed. They have positively embraced quarterly monitoring visits by the WHSCT and have engaged appropriately with RQIA as required.

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	3**	3*

* the total number of areas for improvement includes one area for improvement which has been carried forward for review at the next inspection.

** the total number of areas for improvement includes two areas for improvement which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and deputy 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 20 Stated: First time To be completed by: Ongoing from the date of inspection (8 April 2024)	The registered person shall ensure that personal medication records are in place and accurately maintained. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 20 Stated: First time To be completed by: Ongoing from the date of inspection (8 April 2024)	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs as outlined in the report. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 16 Stated: First time To be completed by: 6 June 2024	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that restrictive practice is: <ul style="list-style-type: none"> - only implemented on the basis of an assessed need or risk related to the individual young person for the shortest time period - the least restrictive option when used and provide evidence all other options were exhausted - agreed with the multi-disciplinary team, the young person and/or their representative, - subject to review, which will involve review of its effectiveness/outcomes and the impact on the young person. Ref: 5.2.2
	Response by registered person detailing the actions taken: Robust processes are in place to ensure that restrictive practice is only implemented following an assessed need or risk for a young person and regular review ensures that this is for the shortest period of time. A restrictive practice decision meeting record is now maintained which identifies the

	<p>necessary restriction and evidences why this is required. This record will demonstrate the risk or need involved for the young person and therefore why the restriction is required. A restrictive practice log sheet has now been implemented to demonstrate transparency with regard to restrictions that are executed on a 'when required' basis. Such restrictions will already have been highlighted in the restrictive practice risk assessment but dates of implementation recorded. Where appropriate, restriction reduction plans will be implemented with the view to continually reduce the restriction. Such plans will involve continually striving to ensure the least restrictive practice is being employed. All restrictive practices will be discussed and reviewed at 6 monthly MDT meetings.</p>
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Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Appendix 1, Standard 2 Stated: First time To be completed by: Ongoing from the date of inspection (8 April 2024)	<p>The registered person shall ensure that medicine administration records are maintained to the required standard as outlined in the report.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 16 Stated: First time To be completed by: 6 June 2024	<p>The responsible person shall improve existing quality assurance mechanisms in relation to care planning and risk management documentation; an action plan and regular review process should be developed which addresses any deficits or concerns regarding quality and inconsistency of recording.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The audit tool has now been enhanced to contain an action plan section which identifies all actions required and dates to be completed by. It also identifies the person responsible to complete the action to ensure accountability and reliability. Team Leads now routinely complete file audits quarterly and clearly identify such actions required, and by whom. A review date is further identified to ensure all deficits or concerns regarding quality and inconsistency of recording are addressed in a timely manner. Management quality assure and monitor this process during the supervision process.</p>
Area for improvement 3 Ref: Standard 16 Stated: First time To be completed by: 4 July 2024	<p>The registered person shall review the current arrangements in place to evidence/capture advice and guidance from the multidisciplinary team within young people's care records; to inform and direct care planning and support continuity and consistency of specialist support upon admission, during placement and on transition.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>MDT meetings are now routinely scheduled as a minimum of six monthly in which relevant MDT members meet with the management team. Such meetings can be scheduled outside of the 6 months should there be concerns about a young person or their behaviours. The management team including two Team Leads will participate in such meetings which will</p>

	<p>facilitate discussion of current young people and any potential new admissions to determine any specialist support required and robust care planning. The first meeting has been scheduled for the 8th August 2024. Team Leads are also Key Workers to the two young people and also hold file responsibility. This will allow Team Leads to utilise the information from the meeting and incorporate it into the young people's Care Plans and Assessments as required. Team Leads will also feed any relevant information or guidance taken from the meeting back into the team meetings.</p> <p>Admission panel meetings are now being hosted to allow potential referrals to be discussed with the management team and MDT members. These will be facilitated following an in-depth compatibility assessment to allow further discussion around the needs and risks for a potential young person and establish specialist requirements that need incorporated into the care plan. The first of these meetings has been scheduled for the 9th July 2024.</p> <p>The staff team continue to meet twice monthly with Clinical psychologist for Case Study and Reflective Practice sessions. Feedback and discussion of these sessions has now also been included into supervision agendas which allows staff members to reflect on the session and discuss learning taken from same.</p>
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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews