

Children's Home Inspection Report IN043133 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

pe: Manager	status:
Home Registere	d
ype:	
nt Provider	
ithin: – South Eastern Health and Social Care Trust	
ription of how the service operates:	
This home is registered as a small children's home as defined in <u>The Minimum Standards for</u> <u>Children's Homes (Department of Health) (2023)</u> .	
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The children living in this home may 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 extend the age range for an identified period.

2.0 Inspection summary

An unannounced care inspection took place on 9 May 2024 between 9.30 am and 6.00 pm by a care inspector.

The provider's application to make a change to the registration of this service remains under review at the time of writing this report.

Staff demonstrated a detailed understanding of young people's individual needs and positive relationships were evident.

Three areas for improvement identified at the last care inspection with respect to complaints procedures, fire safety and handovers were met.

Three new areas for improvement were identified with regard to behaviour management, young people's meetings and staff supervision.

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.

Feedback from young people expressed the view that they enjoyed living in the home and felt supported and well cared for by staff. Looked After Children's meetings occur when children and young people who are living in a children's home meet with supporting professional staff and carers/ parents to consider if the care they receive meets their individual needs. It was positive to note that young people confirmed that they were supported to attend and were comfortable expressing their views in Looked After Children's meetings.

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 trauma informed approach.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and the support available from the current management team.

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 care inspection to this service was undertaken on 5 May 2023 by a care inspector.

Areas for improvement from the last inspection on 5 May 2023		
Action required to ensure Regulations (Northern Ire	compliance with The Children's Homes land) 2005	Validation of compliance
Area for improvement 1 Ref: Standard 21 (11) (12) Stated: First time	The registered person shall review the current complaints process and ensure young people are supported and enabled to sign complaint records; and indicate their satisfaction or otherwise with the management and outcome of the compliant.	
To be completed by: 14 June 2023	Feedback from young people should also be used to audit and review the effectiveness of complaints procedures.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 22 (14)	The registered person shall ensure that staff and resident children and young people participate in fire evacuation drills	
Stated: First time	upon admission, or commencement of employment to understand the actions required in the event of a fire. Fire drills	
To be completed by:	should also be undertaken at suitable intervals, at a frequency that is in	Met
31 May 2023	accordance with the organisations policy and procedure.	
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 3 Ref: Standard 17 (3)	The registered person shall ensure that staff will consistently complete daily written hand over records to support staff in day to	
Stated: First time	day decision making and ensure recording practices are in line with professional standards and in accordance with NISCC	
To be completed by:	code of practice.	Met
5 May 2023	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 young people are getting the right care at the right time?

Environmental restrictions within the home were reviewed. Young people have restricted access to the staff office, staff bedrooms, confidential information, and storage rooms for medication and hazardous substances. The inspector was assured that these restrictions were in keeping with the presenting levels of risk, compliant with data protection regulations, and necessary to safeguard the health, wellbeing and safety of both young people and staff.

Discussions with staff confirmed they understood how trauma and adverse childhood experiences can influence how young people behave and interact with other young people and staff. The manager confirmed that safety intervention strategies are only used as a last resort. This involves staff sometimes physically intervening to keep young people safe. Discussion with the manager confirmed that there were governance systems in place to monitor the use of safety intervention techniques in the home.

It is essential that young people are supported by staff to regulate their emotions and understand the impact of their behaviours on others. Review of behaviour management records demonstrated that additional governance arrangements are required to ensure that staff are always using a proportionate, consistent, fair and measured response to managing young people's behaviour. This was identified as an area for improvement.

Young people's care records and risk assessments were sampled. They clearly identified risk behaviours, the triggers for such behaviours and the strategies in place to reduce the risk of harm. Care plans were up to date, with evidence of clear setting and review of therapeutic goals to improve the young people's lived experience.

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

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.

The system for monitoring Northern Ireland Social Care Council (NISCC) registration requirements for staff was reviewed and provided assurance that effective governance systems were in place to monitor compliance with registration requirements and competence of staff. Feedback from staff and review of records confirming that robust induction had been provided to staff within the service. 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 in the period 1 April 2024 to 6 June 2024. There was evidence of advance planning by the manager to ensure sufficient staffing and scheduling of regular staff handovers, team meetings and the operation of a management on call system to provide additional support to the staff team and young people when required.

Review of young people's care records, staff rotas and training records provided evidence the staffing arrangements were consistent with the young people's assessed needs and staff received essential training to promote the delivery of person centred care and support.

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

The interior of the home was homely, warm and had a lived in feeling. A number of comfortable communal areas were available for the young people to use. The manager advised of plans to repaint the ground floor living areas. When complete, this will enhance the overall presentation of the home.

Young people's bedrooms viewed were accessorised to meet their individual tastes and preferences. Inspection of external spaces confirmed fencing around the perimeter of the back garden creating a secure, private and relaxing area for the young people.

During inspection of the building it was noted that an internal fire door was propped open impeding the operation of the self-closing fire door mechanism. The impediment was removed by supporting staff member and advice given in this respect.

Sampling of fire safety records however identified regular 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?

Review of incident reporting procedures and discussion with the manager provided assurance that notifiable incidents were being reported to RQIA in accordance with schedule 5 of The

Children's Homes Regulations (Northern Ireland) 2005. Discussion with the manager provided assurance that these notifiable incidents had been managed effectively. The manager was able to identify learning achieved and steps taken to improve practice.

Inspection of young people's meetings minutes demonstrated the need for more regular meeting scheduling and recording of the views of the young people. It is essential that feedback from the young people is consistently captured and actively used to shape care delivery and achieve improvement within the home. This was identified as an area for improvement.

Sampling of complaints records demonstrated that robust procedures were in place to enable young people to exercise their right to complain. The complaints records clearly documented the outcome of the young person's complaint, actions taken and their satisfaction levels with respect to the outcome. The collation of such information supports services to assess the overall effectiveness of the complaints process and if improvements implemented have achieved the intended outcome.

Sampling of team meeting minutes demonstrated regular scheduling, providing staff with effective mechanisms for expressing their opinions, developing team cohesiveness, problem solving and consistency of approach in respect of how care is delivered.

Review of the managerial arrangements since the last inspection demonstrated that both the registered manager and deputy manager positions had become vacant for a period of time. At the point of inspection both positions had been filled on an interim basis. Recruitment was at an advanced stage to permanently fill the deputy manager post. Upon completion the management team advised the recruitment of the permanent manager would commence.

Monthly Monitoring reports are provided to RQIA in accordance with schedule 6 of The Children's Homes Regulations (Northern Ireland) 2005 and provide a review of the overall quality of the care provided within the home by the care provider. Progress with staff recruitment will be monitored by RQIA through Monthly Monitoring reports and in future inspections of the home.

The manager advised that the reduction in management governance capacity affected the regularity of supervision 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. This was identified as an area for improvement.

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	3

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.

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Quality Improvement Plan Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Stated: First time	to managing young people's behaviour. Ref: 5.2.1
To be completed by: 7 July 2024	
	 Response by registered person detailing the actions taken: Case announcements to be used to a better effect in communicating across the team to achieve consistency. Management team to ensure shift reports are checked daily. There will be follow up on any specific instances or emerging themes around restrictive practices evident in shift reports and critical incident reports. All restrictive practices within the home are to be recorded within the Positive Behavior Support Plan as part of the Young Person's Care Map, and is reviewed every two weeks with a plan to reduce any restrictive practice in line with current policy.
Area for improvement 2 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.
To be completed by: 7 September 2024	Records should be maintained to evidence that these views are considered in decisions about improvements to the home and how care should be delivered.
	Ref: 5.2.4
	Response by registered person detailing the actions taken: Throughout July and August there will be ongoing consultation with our Young People regarding the format, consistency, frequency and aspirations of the Young People for their engagement meetings. The annual Young People's Survey is currently underway during July. The feedback from this will be included in the consultation.

	Young People's team meetings are to be conducted and added into the case site on a monthly basis to ensure that the voice, views and the wishes are noted for the young people within the registered serivce, this is on top of the young people being offered to attend a team meeting.
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Area for improvement 3	The registered person shall ensure that all staff receive regular supervision in keeping with provider's supervision model to ensure staff adhere to professional codes of practice and are
Ref: Standard 17	equipped with the knowledge and skills to support and meet the needs of the young people.
Stated: First time	Ref: 5.2.4
To be completed by:	
9 June 2024	Response by registered person detailing the actions taken:
	-The Registered Manager to follow Policies in place and pre plan supervisions in advance to ensure that all team members are offered supervision (for at least one hour every month)

Please ensure this document is completed in full and returned via the Web Portal





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