



The Regulation and  
Quality Improvement  
Authority

**Children's Home Inspection Report**  
**IN042974**  
**30 May 2024**

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

## 1.0 Service information

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| <p><b>Service Type:</b><br/>Children's Home</p> <p><b>Provider Type:</b><br/>Health and Social Care Trust</p> <p><b>Located within:</b> – South Eastern Health and Social Care Trust (SEHSCT)</p>  | <p><b>Manager status:</b><br/>Registered</p> |
| <p><b>Brief description of how the service operates:</b></p> <p>The children and young people living in this home have been assessed as having intellectual disability and in need of medium to long term residential care.</p> <p>This home is registered as a small children's home as defined in <a href="#">The Minimum Standards for Children's Homes (Department of Health) (2023)</a>.</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 inspection took place on 30 May 2024 between 9.30 a.m. and 6.00 p.m. The inspection was conducted by a care inspector.

The inspection focus was the progress with all areas for improvement identified during the previous care and pharmacy inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Four areas for improvement were met with regard to Management of Actual and Potential Aggression (MAPA) training, the Statement of Purpose (SOP), pathway planning and controlled drugs.

One area for improvement in relation to staff training was not improved and has now been identified for a fourth time, three areas for improvement regarding staff induction, restrictive practices and care records have been identified for a third time and four areas for improvement regarding the environment, admissions process, governance systems and competency assessments for shift co-ordinator have been identified for a second time. This inspection concluded that the commitments to drive improvements following the last care inspection on 17 August 2023 were not realised.

In addition, two new areas for improvement were identified with regard to staff debriefs and arrangements for the administration of PRN (as needed) medication.

Enforcement action commenced as a result of this inspection to ensure compliance with regulations and minimum standards; to effect improvements; and to afford protection to children and young people. RQIA met with the provider's representatives on 25 June 2024 with the intention to serve an Improvement Notice with respect to The Minimum Standards for Children's Homes (Department of Health) (2023), Standard 16 – Governance.

At this meeting, the provider's representatives provided an account of the actions progressed and planned to drive the necessary improvement required within this service.

Whilst the provider's representatives acknowledged the improvements required, and were committed to improve the quality of care in this service, the action plan submitted by the provider's representatives did not provide assurance regarding; how improvements will be implemented, that there was effective monitoring of progress against the action plan in place and that the action plan will result in the right improvements being embedded in the service.

Therefore, RQIA determined that it was necessary and proportionate to serve an Improvement Notice ref: IN000017 in respect to a failure to comply with ***The Minimum Standards for Children's Homes (Department of Health) (2023)***. The notice stated that compliance with the following standard must be achieved by 14 January 2025:

***Standard 16 – Governance***

***Management Systems are in place that assure the delivery of quality care within children and young people's residential services.***

RQIA will undertake an inspection to assess compliance with the following actions outlined in the Improvement Notice.

The provider must ensure:

- A time bound plan is implemented and monitored providing assurance a robust competency based induction is progressed for any staff member who has not received a full induction.
- A time bound plan is implemented and monitored to ensure a robust assessment, for the role of shift co-ordinator, is undertaken with any staff member who is in charge of the home in the absence of the manager.
- The staff training needs analysis is improved and provides evidence there is a plan that staff will receive the right training.
- A sufficiently robust restrictive practice framework is in place that assures young people's rights are protected and promoted. The governance arrangements must evidence the implementation and use of restrictive practices is the least restrictive option.
- Internal assurance processes which include monthly monitoring of the service are effective and take account of; i) the quality of care being delivered ii) the quality of care planning, iii) risk management and associated documentation and iv) areas for improvement identified as part of an inspection.

- An effective system of environmental maintenance is implemented and evidenced through environmental audits and associated actions.
- A review of the building and capacity for the staff to meet the home's Statement of Purpose is completed. The review should consider how the internal and external areas of the building are being used to support the aims and objectives of the service and determine whether or not the current capacity of the building is suitable to provide young people with an environment which enhances their lived experience, creates a sense of safety and is suitable for the number of young people with additional support needs. On completion, the outcome from the review should be discussed with RQIA.

The actions identified in this notice will support the provider to implement timely, responsive and targeted actions to address and strengthen the governance arrangements, which is required to ensure that the quality of care and the young people's lived experience does not deteriorate.

Details of RQIA's enforcement procedures can be found on our web site:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

### 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 plan the inspection.

A range of documents were examined on site 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 can 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 and deputy manager at the conclusion of the inspection.

### 4.0 What people told us about the service

The inspector observed that there were a sufficient number of staff available to meet the individual needs of the resident young people on the day of the inspection. Staff demonstrated a compassionate and friendly demeanour in their interactions with the young people. They

were attentive and responsive to the needs of the young people; individualised care was evident and they understood the young people's specific needs. The staff were confident in their interactions and both the young people and staff were observed to be at ease and relaxed in the environment. Young people spoken with raised no concerns with regard to the care they received.

No feedback was received by RQIA via questionnaires or electronic survey post inspection.

Discussions with the manager and deputy manager established that they knew the young people well, were familiar with their individual personalities, needs and what is important to them. They identified that recent staffing challenges had impacted on their managerial and governance tasks; and had been a barrier in achieving compliance with previously identified areas for improvement. Staffing levels were reported to be more consistent at the time of the inspection, indicating a more stable and reliable rota.

Feedback from staff confirmed that the management team were approachable, visible and supportive. However, they described challenges the service was experiencing with regard to the lack of cohesiveness between the staff team which has the potential to impact on the young people's routines, and access to staff debriefs following incidents. In addition, the size and space available in the environment was reported at times, to limit staff's ability to implement specific interventions or to meet the diverse needs of the 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 care inspection to this service was undertaken on 17 August 2023 and a medicines management inspection was undertaken on 5 February 2024.

| Areas for improvement from the last inspection on 5 February 2024  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005   |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 24 (1) and (2)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b> | The registered person shall ensure that all new staff complete a robust induction process and that induction records are available for inspection. Induction records should evidence that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people accommodated. | <b>Not met</b>           |

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| 17 November 2023   | <p><b>Action taken as confirmed during the inspection:</b><br/>Evidence was not available to confirm that all staff had received an induction and records sampled identified concerns with regard to the quality of the staff induction process.</p> <p>This area for improvement was not met and has been subsumed into the Improvement Notice actions.</p>  |                |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 24 (1) and (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2023</p> | <p>The registered person shall ensure all staff working in the home have the right training and skills to deliver effective care across both homes. An updated training plan and training analysis to be returned which details outstanding MAPA training and the plan to address this.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement was met.</p>   | <b>Met</b>     |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2023</p>            | <p>The registered person shall ensure that for all restrictive practices in place there is a clear record that reflects who has been involved in determining and agreeing the need for the restriction, that the least restrictive option is being used and the timescales within which the restriction will be reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of a sample of restrictive practice records for individual young people identified that some initial improvements made following the last inspection on 17 August 2023 has not resulted in embedded and sustained governance practices.</p> <p>The lack of evidence of effective governance with regard to a restrictive practice framework, has the potential to impact on young people's human rights and does not support timely reviews and/or timely consideration of reduction plans.</p> <p>This area for improvement was not met and has been subsumed into the Improvement Notice actions.</p> | <b>Not met</b> |



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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 December 2023</p>                            | <p>The registered person shall ensure that all parts of the home are suitably furnished, equipped and reasonably decorated and maintained.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Discussions with the manager confirmed that previously identified environmental deficits had been addressed following the inspection on 17 August 2023. However, a review of the environment on the day of inspection identified a number of new environmental deficits. This is discussed further in section 5.2.2.</p> <p>This area for improvement was not met and has been subsumed into the Improvement Notice actions.</p> | <p><b>Not met</b></p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2023</p>                            | <p>The registered person must ensure that the Statement of Purpose is amended to reflect any changes in the staffing and management arrangements and reflect the reduction in the maximum number of children accommodated in the service from five to four.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement was met.</p>  | <p><b>Met</b></p>     |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (5 February 2024)</p> | <p>The registered person must ensure that the controlled drug record book is fully and accurately maintained.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement was met.</p>  | <p><b>Met</b></p>     |

| <b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Children's Homes (January 2023)</b> |  | <b>Validation of compliance</b> |
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| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> Third time<br><br><b>To be completed by:</b> 30 November 2023                            | The registered person shall ensure staff are equipped with the training required to meet the needs of the young people with specific reference to Fire training, Safeguarding and annual Medical Review training. An updated training plan and training analysis to be returned which details outstanding training and the plan to address this.                           | <b>Partially met</b>            |
|   | <b>Action taken as confirmed during the inspection:</b><br>There were ongoing deficits regarding compliance with staff training, with specific reference to fire training and safeguarding training.<br><br>This area for improvement was partially met and has been subsumed into the Improvement Notice actions.   |                                 |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 2<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b> 17 October 2023                             | The registered person shall ensure that the care plans for the young people are improved to ensure that a more goals/outcome focused approach. Support plans in place should also be reviewed and further developed to ensure appropriate strategies are in place to guide and support staff. The plans in place further need to be reviewed and signed off by management. | <b>Not met</b>                  |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of a sample of young people's care plans and support plans did not evidence that improvements required in these records had been understood or embedded. This is discussed further in section 5.2.1. This area for improvement was not met and has been subsumed into the Improvement Notice actions.    |                                 |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 4<br><br><b>Stated:</b> First time  | The registered person shall review the current admissions process and ensure that it consistently identifies and gives consideration to all essential information required to promote the physical, social and emotional wellbeing of the group and safely,  | <b>Not met</b>                  |



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| <p><b>To be completed by:</b><br/>17 November 2023</p>  | <p>and effectively meet the individual needs of all young people resident in the service.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The inspector was also unable to evidence that a review of the home's admissions process had been undertaken and any summary learning identified and shared.</p> <p>This area for improvement was not met and has been stated for a second time.</p>   |                       |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>17 November 2023</p> | <p>The registered person shall ensure that there are sufficient internal governance systems in place to monitor, audit and review the ongoing quality of care planning and risk assessment provided within the home.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Monthly file audits were not always completed and there was no evidence that a qualitative review was undertaken. In addition, monthly monitoring visits by a monitoring officer did not identify or escalate insufficient progress with the QIP.</p> <p>This area for improvement was not met and has been subsumed into the Improvement Notice actions.</p> | <p><b>Not met</b></p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>17 December 2023</p> | <p>The registered person shall ensure that young people receive care which helps them to prepare for and supports them in the transition to independence. The service contributes to the development of pathway plans and works collaboratively with the young people's multidisciplinary teams to implement the plans.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement was met.</p>   | <p><b>Met</b></p>     |

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| <b>Area for improvement 6</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>17 November 2023 | <p>The registered person shall ensure that all staff who assume the role of person in charge of the home are assessed as being suitably qualified, competent, and sufficiently experienced and supported to manage this responsibility.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/> Competency records pertaining to the role of shift coordinators did not provide the necessary assurances that the staff currently undertaking this role had been assessed as competent.</p> <p>This area for improvement was not met and has been subsumed into the Improvement Notice actions.</p> | <b>Not met</b> |
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## 5.2 Inspection findings

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

Discussions with young people, staff and the management team established that the staff team were highly motivated to support the young people to access a wide range of engaging and age appropriate activities tailored to their specific interests, abilities and developmental stages. Staff ensured the activities were enjoyable but also facilitated cognitive, social and physical development.

However, sufficient progress had not been achieved in relation to improving care plans that reflect a more goal/outcomes focus. This approach will enable staff to support young people to reach their fullest potential and also direct and guide targeted individual work with the young people.

A young person's behaviour support plan did not accurately reflect the level of staff support required, and the plan had no date, review date or author recorded. There was also insufficient evidence of effective oversight by the management team with regard to care records. Up to date and appropriate care records which guide and direct staff in the delivery of care is a crucial component for ensuring that young people receive the right care and that the consistency of care is maintained, especially when multiple caregivers are involved. It also allows for regular monitoring of a young person's progress and the effectiveness of care strategies. The Improvement Notice issued to the provider post inspection requires actions in relation to monitoring of the quality of care planning and risk management documentation. This will ensure targeted actions are put in place to address the concerns identified, therefore no further area for improvement has been made in relation to care records and planning.

The home's management team had received guidance from an RQIA pharmacy inspector during a medicines management inspection on 5 February 2024 with regard to the administration of PRN (as needed) medication for the management of behaviour, however this guidance had yet to be implemented. A record should be available which provides; clear thresholds to guide staff when the medication is required; a record of interventions tried prior to giving medication and review of outcome/impact of medication on the young person. An area for improvement was identified.

Discussions with staff highlighted that the busyness of the home resulted in little time for staff debriefs. Ensuring staff have effective access to timely debriefs and reflective practice following challenging incidents will enable the team to be; responsive, focus on early identification of concerns, engage more effectively in preventative interventions and foster a collaborative and reflective team culture. An area for improvement was identified.

Feedback from some staff with regard to a lack of cohesiveness and communication within the staff team was discussed with the management team and the provider's senior management team at the meeting on 25 June 2024. The inspector was satisfied with actions planned by senior management to proactively address these issues, which can enhance staff overall performance, morale and delivery of quality care.

As outlined in section 5.1, and above, a number of improvements are required within the service to support the delivery of quality care. Whilst, there was no evidence to suggest that these deficits had resulted in actual harm to the young people's care. Addressing the deficits remain essential to enhance overall care quality and prevent potential issues from arising in the future.

### **5.2.2 How does the service ensure young people experience a safe and high quality environment?**

The inspector highlighted a number of environmental matters which require to be addressed. The home requires redecoration/repainting throughout. In addition, the physical environment in this home does not provide sufficient communal space for the number of staff and young people accommodated. Concerns were identified that this was impacting on staff's ability to effectively utilise the environment to meet the specific support needs or risks of individual young people whilst also meeting the needs of other resident young people. Addressing these challenges will require creative solutions, reviewing and optimising the use of space and implementation of adaptable strategies to meet individual needs.

The actions contained in the Improvement Notice issued to the provider on 5 July 2024 require the provider to undertake a review of the building and capacity for the staff to meet the home's Statement of Purpose. The review should consider how the internal and external areas of the building are being used to support the aims and objectives of the service and determine whether or not the current capacity of the building is suitable to provide young people with an environment which enhances their lived experience, creates a sense of safety and is suitable for the number of young people with additional support needs. On completion, the outcome from the review should be discussed with RQIA.

In addition, an effective system of environmental maintenance is required to be implemented and evidenced through environmental audits and associated actions.

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

The findings of this inspection raised concern that the senior leadership and management arrangements of this service have not sufficiently addressed repeated areas for improvement identified within the quality improvement plan (QIP).

In addition, the monthly monitoring visits did not identify or escalate insufficient progress with the QIP, or support the provider action plan to drive and embed the necessary improvements required to deliver high quality care.

The concerns identified are indicative of a lack of robust governance arrangements and a shortfall in leadership arrangements in place to monitor, audit and review necessary improvements within practices. Service improvement must now be sustained and embedded, to achieve and promote best outcomes for the young people.

This level of improvement also requires strong leadership to provide oversight, direction and support and strengthened, targeted and responsive governance arrangements.

The actions contained in the Improvement Notice issued to the provider on 5 July 2024 requires the provider to ensure internal assurance processes which include monthly monitoring of the service are effective and take account of; the quality of care being delivered; the quality of care planning; risk management and associated documentation and areas for improvement identified as part of an inspection.

## 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 |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1           | 2*        |

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

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  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 16<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>27 June 2024 | The registered person shall ensure that records should be available and maintained for the administration of PRN medication for the management of behaviour, which provides: <ul style="list-style-type: none"> <li>- clear thresholds to guide staff when the medication is required</li> <li>- a record of interventions tried prior to giving medication, and</li> <li>- review of outcome/impact of medication on the young person.</li> </ul><br>Ref: 5.2.1  |
|   | <b>Response by registered person detailing the actions taken:</b><br>Guidance has been prepared for when PRN medication should be administered. We have a Rqia approved record in use, detailing when we have used PRN medication, the reason why, what had been tried before and how effective an intervention has been. This can then be fed back to the staff team and the medical team making decisions on the YP care.   |
| Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)                                |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 4<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>22 August 2024 | The registered person shall review the current admissions process and ensure that it consistently identifies and gives consideration to all essential information required to promote the physical, social and emotional wellbeing of the group and safely, and effectively meet the individual needs of all young people resident in the service.<br><br>Ref: 5.1  |
|   | <b>Response by registered person detailing the actions taken:</b><br>An admission flow chart has been prepared which outlines the processes we intend to employ. Planned admissions will have pre admission meetings to discuss care plans and the paperwork submitted for the young person. All aspects of the care, physical and social needs, family contact arrangements and any deprivation of liberty will be discussed. Pre-admission visits to the young person's existing placement to meet them and then visits by the young person to our home will occur. |

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| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>25 July 2024 | The registered person shall ensure that there are appropriate processes and systems in place to ensure that staff have access to effective debriefs following a challenging incident.<br><br>Ref: 5.2.1  |
|   | <b>Response by registered person detailing the actions taken:</b><br>We have had several Shift Coordinators trained in debrief skills to enable them to offer hot debriefs to support staff after incidents. We have also put in place a record for staff to note incidents that occur that will require further debriefing and support from managers once they are present. This is on top of management review of datix forms which highlight when issues need to be explored with staff to support learning and change. |

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





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