

Children's Home Inspection Report
IN045638
10 April 2024 to 18 April 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: – Belfast Health and Social Care Trust	Manager status: Not registered-application submitted
Brief description of how the service operates: 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. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection commenced with an onsite visit on 10 and 11 April 2024 between 9.30 a.m. and 5 p.m. The inspection concluded on 18 April 2024 following submission of additional information.

The inspection was conducted by two care inspectors. It was undertaken in response to analysis of intelligence received by RQIA, and ongoing communication and engagement with the provider since January 2024, which raised concerns regarding staffing, management and leadership arrangements.

Following the last care inspection on 21 and 22 June 2023 RQIA held a Serious Concerns meeting with the provider (5 July 2023). The provider supplied RQIA with a focussed action plan that was aligned to the concerns and they made a commitment to improve the quality of care and governance in this home.

RQIA received further intelligence in December 2023, February and March 2024. Following each occasion, RQIA informed the provider of our concerns. On each of these occasions the provider committed to improve the concerns relating to staffing and staff wellbeing, the environment and young peoples lived experience.

The inspection in April 2024 focused on the provider's action plans, submitted to RQIA in January and March 2024. RQIA sought to gauge the provider's progress and assurance that the action plans had been effective in driving the required improvement. This inspection concluded that the commitments to improve the quality of care and governance were not realised.

Two areas for improvement in relation to restrictive practices and notification of events have now been stated for a fourth time and four areas for improvement regarding care planning documentation, staff induction, training, supervision and support have been stated for a second time. RQIA are concerned regarding the capacity of this service to improve.

Enforcement action commenced as a result of this inspection. Enforcement action aims 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 13 May 2024 with the intention to serve two Failure to Comply Notices with respect to The Children's Homes Regulations (Northern Ireland) 2005, Regulation 24 – Staffing of Children's Homes and Regulation 30 – Fitness of Premises.

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.

RQIA remained concerned that the staffing arrangements in place were heavily and increasingly reliant on bank and agency staff; and that there had been limited progress achieved to strengthen the management and leadership arrangements in this service. This has led to instability in the staff and management teams, which impacts on the continuity of care for young people. It also impacts on staff morale and results in an inability to effect sustained improvement in practice.

In addition, the necessary works to address the improvements required to the environment had not yet commenced. In the interim, young people continued to reside in an environment that was not: well maintained; homely; or conducive to their therapeutic needs; and there was a concern that their rights, dignity and wellbeing will be negatively impacted as a result.

The provider's representatives presented a detailed action plan however, RQIA determined it was both proportionate and necessary to serve two Failure to Comply Notices with respect to staffing and the environment. The date for compliance is 17 July 2024 following which RQIA will undertake an inspection to assess compliance with the actions outlined in the two Failure to Comply Notices.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Inspectors observed staff were responsive to young people's needs and understood the young people's non-verbal communication. Staff were caring and warm in their approach, and demonstrated their ability to effectively and sensitively respond to behaviours which can challenge.

Young people, carers and professionals, had the opportunity to provide feedback, to inform the inspection process via a questionnaire. Questionnaires were received post inspection from carers/significant others on behalf of the young people.

Positive feedback included that young people were supported by the staff team whom were focused on the best interests of the young people and supporting them to be safe. Feedback also made reference to the numbers of young people resident in the service; the busyness of the environment; and the impact upon the young people's lived experience as a result.

Inspectors spoke with the acting manager, and two deputy managers. Inspectors also spoke with a senior manager, and the monitoring officer to inform the inspection findings. Feedback from the management team outlined that the service had experienced significant challenges with respect to staffing which had a direct impact upon governance arrangements and team morale.

This feedback was echoed by the staff spoken with during the inspection, and reflected in questionnaires returned by staff following the on-site element of the inspection. Staff described the challenges the service was currently experiencing, in particular in relation to staffing and management arrangements. Staff said these issues were having a negative impact on team morale.

Staff feedback provided mixed views regarding their experience of working in the service; leadership and management arrangements; and culture. Positive feedback from some staff included that the management team were approachable, visible, and that staff could raise issues with them. However, feedback from some staff also suggested that work is required to develop and embed a learning culture in the service which is open, and where staff feel valued.

Discussion with the management team confirmed that the challenges as described by staff had been identified by the provider, and that a range of actions were planned or in progress to address the concerns. See section 5.1 and 5.2 for further detail.

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 25 January 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: Third time	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 and the timescale within which the restriction will be reviewed.	Not met
	Action taken as confirmed during the inspection: Evidence was not available to provide assurance that sufficient progress had been achieved in this area. Despite implementation of an audit to drive improvement, records were not consistent, some were not easily accessible, and challenges with respect to documentation associated with Deprivation of Liberty Safeguards remained. Therefore, inspectors were unable to evidence that restrictions in place which impacted upon young people's rights had been agreed by the team around the young person. This area for improvement was therefore assessed as not met, and was discussed with the provider's representatives post inspection. This area for improvement is stated for a fourth time.	
Area for improvement 2 Ref: Regulation 29 Stated: Third time	The registered person shall ensure that all relevant events are notified to RQIA in a timely manner.	Not met
	Action taken as confirmed during the inspection: Whilst an audit had been implemented to drive improvement in this area, some	

	<p>incident reporting remained subject to significant delay.</p> <p>Inspectors were concerned that instability within the management arrangements, and the resultant impact upon capacity for the management team to undertake governance tasks, was having a direct impact upon reporting incidents to RQIA in a timely manner.</p> <p>This area for improvement was therefore assessed as not met, and was discussed with the provider post inspection.</p> <p>This area for improvement is stated for a fourth time.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 25</p> <p>Stated: First time</p>	<p>The registered persons shall ensure there is evidence available for inspection in regards to any staff member employed in the home, the evidence must provide assurance there is robust and safe recruitment practices, in particular this must be in place in relation to agency staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>	Met
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Children's Homes (January 2023)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 18.4</p> <p>Stated: Second time</p>	<p>The registered person should ensure that staff handover records are fully completed and up to date and include staff surnames.</p> <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 22.14</p> <p>Stated: Second time</p>	<p>The registered person should ensure that fire drills become more effective by including both staff and young people in an evacuation. A fire evacuation should take place as soon as possible due to a new admission to the home.</p>	Met

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 1.8 Stated: First time	The registered person to ensure that arrangements are established to ensure young people have access to; <ul style="list-style-type: none"> - an appropriate forum or process in place to capture young people's views, wishes and feelings about the home and their lived experience that could contribute to the running and future development of the home. 	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.	
Area for improvement 4 Ref: Standard 17.10 Stated: First time	The registered person to ensure that staff have access to a robust induction that assures they are equipped with the skills and knowledge to meet the needs of the young people.	Not Met
	Action taken as confirmed during the inspection: Inspectors were assured that a robust proforma was available to support staff induction arrangements, and that progress had been made with respect to implementation of a governance mechanism to monitor staff induction. However, evidence was not available that demonstrated all new staff had been inducted in a sufficient manner. For example, some staff had not been able to access key training to complete the induction process, and concerns were also raised regarding the quality of induction for some staff due to the pace at which this was completed. Robust induction is critical in ensuring that new staff have the required skills and	

	<p>competency to care for and meet the needs of young people.</p> <p>This area for improvement was therefore assessed as not met and is stated for a second time.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people. This includes a robust training programme and competency assessment for staff responsible for medicines management.</p> <p>Action taken as confirmed during the inspection: An audit system had been introduced since the last inspection to monitor staff training, and competency assessments with respect to medicines management.</p> <p>However, evidence was not available to confirm that staff were equipped with the required skills and training to meet the needs of the young people.</p> <p>Discussion with staff, and review of induction and training records confirmed significant deficits with respect to both mandatory training and training that was bespoke to the needs of the young people in the service.</p> <p>Deficits included gaps in training such as Safeguarding, Safety Intervention, Positive Behaviour Support, and Fire Safety.</p> <p>This area for improvement was therefore assessed as not met and is stated for a second time.</p>	<p>Not Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p>	<p>The registered person to ensure there are appropriate staff support arrangements within the home; to include access to debriefs, promotion of reflective practice and an open and transparent culture.</p>	

	<p>Action taken as confirmed during the inspection:</p> <p>Evidence was not available that sufficient progress in this area had been achieved. Records of staff debriefs were not available; and feedback from staff consistently indicated that debriefs were not taking place.</p> <p>Supervision for staff was not consistently achieved and inspectors were concerned this was due to the continued instability, and resultant impact on capacity within the management arrangements.</p> <p>Providing post incident support to staff supports reflection, promotes the wellbeing of staff, and enables staff to consider what could be done differently if any, to support a young person effectively.</p> <p>Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.</p> <p>At the point of inspection, a series of staff engagement and practice development sessions had been agreed but not yet commenced. Reflective practice had also been sourced but not yet delivered to the staff team.</p> <p>This area for improvement was therefore assessed as not met and is stated for a second time.</p>	Not Met
<p>Area for improvement 7</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered persons must ensure that that there is evidence of management oversight of assessments and plans which direct the care the young people receive. These records should be signed and dated, by the manager and there should be effective review arrangements recorded.</p>	

	<p>Action taken as confirmed during the inspection:</p> <p>Review of young people's care records evidenced that documentation is available to support and guide staff to care for young people.</p> <p>A system had been implemented to ensure that any changes to young people's assessed needs and associated intervention strategies were shared amongst the staff team.</p> <p>However, young people's care documentation did not always reflect the most up to date information. Despite the implementation of an audit system to review the quality and accuracy of young people's people records, there was no evidence that young people's records were reviewed at relevant intervals by the management team.</p> <p>This area for improvement was therefore assessed as not met and is stated for a second time.</p>	Not Met
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5.2 Inspection findings

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

The inspection identified serious concerns with respect to staffing.

The absence of a defined model of staffing, the high number of vacancies and unplanned leave within the substantive staffing group, resulted in a staffing rota that was heavily reliant upon bank and agency staff.

The impact of this staffing model was evident in gaps in staff training. Staff training is necessary to promote and support safe, effective and compassionate care; and to improve the quality of care in this home. Furthermore, challenges with respect to ensuring coordinated, and consistent care to the young people was in place were identified. Progress regarding areas for improvement, initially identified during an inspection in October 2021, with respect to restrictive practices and notifiable events, were not evidenced and were therefore stated for a fourth time as outlined in further detail in Section 5.1.

Actions taken by the provider to improve the culture within the staff team, develop effective debrief, reflective practice arrangements, and improve engagement with the management team had not been embedded. In addition, there had been further change and instability in management arrangements which further hampers progress with these actions.

The lack of sustained and embedded improvement in this service was a direct result of the instability in staffing, including in management and leadership. The absence of a defined staffing model and substantive staffing vacancies is resulting in unstable staffing arrangements remains a barrier to improvement.

Without targeted, timely, and responsive action, there was a risk that the quality of care in this service would deteriorate and could result in unsafe care. RQIA therefore determined it was both proportionate and necessary to serve a Failure to Comply Notice with respect to Regulation 24 of The Children's Home Regulations (Northern Ireland) 2005. The actions contained in the notice require the provider to define the safe staffing model required in this home; implement an improved process for oversight and escalation of challenges in relation to staffing; improve current management arrangements; and implement effective mechanisms that provide assurance to the provider the action plan dated 10 May 2024 is progressing and effective.

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

It was noted during the inspection that the homes physical environment had not been maintained to the required standard.

Communal spaces throughout the home were sparsely decorated and lacked soft furnishings. The front windows of the home did not have window coverings. As a result, the young people's right to privacy was impacted as passers-by could see into the home.

The flooring on the ground floor was uneven and presented a trip hazard. Damage throughout the home had not been repaired in a timely manner, and the sensory room was not fit for purpose. Significant improvements were required to a bedroom and en-suite.

The outdoor area also required significant improvement in order to provide a therapeutic space that would meet the young people needs.

The estates support to the home was not effective. These concerns were discussed with the provider's representatives during the enforcement meeting.

Funding had been progressed to complete a refurbishment programme with the aim to improve bedroom facilities and communal areas; the sensory rooms; garden areas; and overall décor of the home. However, clear timescales regarding a plan of works had not been agreed.

Targeted and responsive action was required to address the concerns regarding the internal and external areas of the home. Additionally, the provider's governance, monitoring, and quality assurance mechanisms required urgent review to ensure that a safe, and homely environment is maintained and promoted by the service.

RQIA therefore determined it was both proportionate and necessary to serve a Failure to Comply Notice with respect to Regulation 30 of The Children's Homes Regulations (Northern Ireland) 2005. The actions contained in the notice require the provider to progress works in relation to the homes physical environment; undertake a refurbishment plan in specified areas of the home; and review the current system of environmental maintenance and related governance and escalation arrangements.

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	2	5

* the total number of areas for improvement includes two that have been stated for a fourth time, four that have been stated for a second time, and one 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 provider 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 16 Stated: Fourth time To be completed by: 10 August 2024	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 and the timescale within which the restriction will be reviewed. Ref: 5.1
	Response by registered person detailing the actions taken: The restrictive practices in the Home were formally reviewed by a multi-disciplinary team on 30th November 2023. A record of restrictive practice meetings, including attendance and review date will be maintained in the restrictive practice section on a team's folder within the Home. Thereafter, all restrictive practices will also be discussed at the fortnightly interface meetings between the community social work team and the residential management team. Restrictive practices will also be discussed and agreed at the LAC review for each young person and clearly documented. In addition, a Manager from a mainstream Home is upskilling the social workers to undertake the keywork role and lead the keywork teams and review of restrictive practices will be a key part of this.

	DOLS assessments for the young people who require this will be or have been undertaken. Once finalised, the restrictive practices will be reviewed by the multi-disciplinary team to ensure they are in line with the DOLS.
Area for improvement 2 Ref: Regulation 29 Stated: Fourth time To be completed by: 10 August 2024	The registered person shall ensure that all relevant events are notified to RQIA in a timely manner. Ref: 5.1
	Response by registered person detailing the actions taken: There are new governance processes in place in respect of notifiable events - a database has been created for access, completion and oversight from the management team noting all Datix incidents. This allows management to identify 1B notifiable incidents and completion of these in a timely manner. Additionally, a dashboard for escalation purposes has been created for the Home. Incorporated within this dashboard, all 1B notifiable incidents are noted and timescales of completion and date when forwarded to RQIA recorded.
	Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)
Area for improvement 1 Ref: Standard 1.8 Stated: First time To be completed by: 21 September 2023	The registered person to ensure that arrangements are established to ensure young people have access to; <ul style="list-style-type: none"> - an appropriate forum or process in place to capture young people's views, wishes and feelings about the home and their lived experience that could contribute to the running and future development of the home. Ref: 5.1
	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</p> <p>Ref: Standard 17.10</p> <p>Stated: Second time</p> <p>To be completed by: 10 August 2024</p>	<p>The registered person to ensure that staff have access to a robust induction that assures they are equipped with the skills and knowledge to meet the needs of the young people.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>An existing induction pack is in place (an in-depth one for core staff and a shortened version for bank and agency staff). The management team are currently undertaking a review of the induction process which will complement the current competency induction that is reviewed with management, a competency checklist aligned for each specific role and expected responsibilities along with a self-assessment for staff to reflect on their own learning needs are being developed.</p> <p>Engagement with the team as part of the induction review has started via a Team meeting on 26.07.2024. In order to promote a collective leadership approach, staff within the Home will be included in the review and design of the new induction process.</p> <p>The Home maintains a copy of the induction for each staff member. This is also part of the governance recording shared with the PSW and monitoring officer.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 17.11</p> <p>Stated: Second time</p> <p>To be completed by: 10 August 2024</p>	<p>The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people. This includes a robust training programme and competency assessment for staff responsible for medicines management.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>In addition to the induction and competency checklist noted above, a training analysis will be completed to explore pertinent training to ensure the staff are equipped with the necessary skills to meet the needs of the young people. The competency assessment will be reviewed via supervision and the staff appraisal process.</p> <p>Initial discussions (24.07.24) have already taken place between the management team in the Home and the Training team to explore potential training needs for the team. A training matrix is maintained and will be amended following the completion of the training analysis and training programme devised.</p>

	A competency checklist is in place for medication management for new staff. Compliance with this will be reviewed via the existing medication audit system.
Area for improvement 4 Ref: Standard 17.10 Stated: Second time To be completed by: 10 August 2024	<p>The registered person to ensure there are appropriate staff support arrangements within the home; to include access to debriefs, promotion of reflective practice and an open and transparent culture.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Fortnightly planning meetings with key professionals have been in place since May 2024. A comprehensive staff wraparound support plan has been devised, which includes group supervision and team meetings. This continued on a reduced level in the summer, however a plan is in place from September to have a schedule of meetings on a consistent and predictable basis, i.e. two team meetings a month, two group supervisions a month. Reflective practice is due to commence in October 2024 and the meeting schedule will be amended as required to promote attendance.</p> <p>A Co-produced Health and Well-being plan will be developed with the support of the staff Psychology support service. Initial dates for team engagement have been agreed for 12th and 13th September.</p> <p>A Team Development Day is being scheduled for November 2024.</p> <p>A key focus over the forthcoming weeks will be on staff debriefs. While these have been taking place on an informal basis, consistency of these has fluctuated and a more structured and responsive approach is required. The management team within the Home are developing a plan to ensure debriefs occur in a consistent and timely manner and recorded appropriately. This will be a regular team meeting agenda item to ensure the team are aware of the support available and how to access.</p>
Area for improvement 5 Ref: Standard 16 Stated: Second time To be completed by:	<p>The registered persons must ensure that that there is evidence of management oversight of assessments and plans which direct the care the young people receive. These records should be signed and dated, by the manager and there should be effective review arrangements recorded.</p> <p>Ref: 5.1</p>

10 August 2024	<p>Response by registered person detailing the actions taken:</p> <p>The current system, Paris, does not enable the manger to time stamp the assessments. An Excel template is being created as part of the improved governance systems in the Home and will include a section on the review and management oversight of assessments and plans.</p> <p>This Excel Spreadsheet will be reviewed via the fortnightly in house management governance meetings, which will recommence in September 2024. A date when management have reviewed the assessments and plans will be noted on this spreadsheet. Any required actions and review arrangements will also be noted. The review of assessments also form the basis of supervision for the social workers.</p>
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