

**Children's Home Inspection Report**  
**IN042963**  
**29 May 2024 and 21 June 2024**

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

## 1.0 Service information

<b>Service Type:</b> Children's Home  <b>Provider Type:</b> Health and Social Care Trust  <b>Located within:</b> – Northern Health and Social Care Trust (NHSCT)	<b>Manager status:</b> Registered
<b>Brief description of how the service operates:</b>  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.	

## 2.0 Inspection summary

An unannounced inspection took place on 29 May 2024 between 9:50 a.m. and 8.20 p.m. The inspection was conducted by two care inspectors.

The inspection sought to determine if the home was delivering safe, effective, compassionate and well led care. The inspection assessed progress with nine areas for improvement identified during the last care inspection on 6 June 2023 and 17 June 2023. Two areas for improvement that were identified during the last pharmacy inspection on the 15 February 2024, were not reviewed and will be assessed during the next inspection.

Five areas for improvement were assessed as met, these were in relation to first aid training, regular team meetings taking place, safe recruitment of staff, the reporting of notifiable incidents to RQIA and ensuring that shift co-ordinators have been assessed as competent prior to taking on this role.

Three new areas for improvement were identified, these were in relation to the staffing arrangements within the home, required training for staff and ensuring staffs attendance at staff meetings to promote effective care for the young people. One area for improvement in relation to staff attending child sexual exploitation training was stated for a second time. Three areas for improvement have been stated for a third time; these were in relation to staff induction, regular supervision for staff and food hygiene training.

The repeated areas for improvement raised concerns in relation to the providers capacity to effectively improve care in this home. Serious concerns were summarised under the headings of staffing, and the governance and leadership arrangements that should be in place to support

the delivery of safe and effective care to the young people living in the home. These concerns and the repeated areas for improvement are further discussed within the body of this report.

Enforcement action commenced as a result of this inspection. The provider was asked to formulate an action plan and the providers' representatives presented their plan to RQIA in a Serious Concerns meeting held on 21 June 2024. At the meeting the providers' representatives outlined further detail on the actions within their action plan, and assured RQIA representatives the action plan had the capacity to drive forward the necessary improvements. RQIA have accepted the actions detailed in the plan are targeted on achieving compliance with the identified Regulations and Standards relating to staff support to improve the safety and wellbeing of children in the home, and the governance and monitoring arrangements in place to promote safe and quality care.

The findings of this report will provide the manager and senior management team with the necessary information to improve staff practice and young people's experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection.

A range of documents were examined to determine that effective systems were in place to manage the home and deliver safe care.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.

Information was provided to young people, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this home. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the manager and senior management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

The inspector spoke with young people, staff and the staff managing the home. 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.

The young people raised their views regarding the staffing levels within the home, specifically concerns in relation to the staffing levels at night time and there was not enough staff available to support them. They discussed having good relationships with some staff, however not all staff knew how best to support them and expressed that they did not always feel listened to.

The young people were observed to be relaxed and at ease within the home. They further discussed being included in arrangements relating to the décor of the home and were involved in decorating their bedrooms to their own personal taste.

Discussions with staff identified there was a reliance on bank staff to staff the home and staff raised concerns regarding staffing levels, particularly at night when they did not feel the staffing levels were conducive to the consistent provision of safe and effective care. Staff felt better communication within the team was needed to promote consistent care for the young people.

Staff confirmed team meetings were taking place, however they advised that staff attendance was low and therefore the meetings were not effective. Some staff reported a lack of specific training that would support them within their roles to ensure they could meet the young people's needs and felt that autism training would benefit the team.

The concerns raised by both staff and young people was discussed with the manager at the conclusion of the inspection and with the providers' representatives during the Serious Concerns meeting.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 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>  <b>Ref:</b> Regulation 22 (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 September 2023	The registered person must ensure all staff have completed first aid training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 25 3(f)  <b>Stated:</b> First time	The registered person shall ensure there is evidence available to verify that any staff member employed in the home has been subject to robust and safe recruitment practices. This evidence should be available to review on inspection.	<b>Met</b>

<b>To be completed by:</b> 30 June 2023	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 15 February 2024	<p>The registered person shall ensure that arrangements are in place to ensure that reportable incidents are received by RQIA in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Children's Homes (April 2023)</b>		
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 22.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2023	<p>The registered person must ensure all staff involved with the preparation of food have completed food hygiene training.</p> <p><b>Action taken as confirmed during the inspection:</b> Some staff had completed this training, however there were still staff who had not received this training. This area for improvement was partially met and was stated for a third time.</p>	<b>Partially met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 17  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 September 2023	<p>The registered person shall maintain records that evidence staff competency on induction. Records should show that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of the young people.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and was stated for a third time.</p>	<b>Not met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.4  <b>Stated:</b> Second time  <b>To be completed by:</b>	The registered person shall ensure that any person identified as in charge of the home in the absence of the manager is qualified, competent, and sufficiently experienced to undertake this role. Evidence of this assessment should be maintained and reviewed regularly.	<b>Met</b>

30 September 2023	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.13 <b>Stated:</b> Second time <b>To be completed by:</b> 31 August 2023	<p>The registered person shall ensure that there is evidence of regular individual supervision for all staff.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and was stated for a third time.</p>	<b>Not met</b>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 17.1 <b>Stated:</b> Second time <b>To be completed by:</b> 31 August 2023	<p>The registered person shall ensure that team meetings take place on a regular basis and at least monthly.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met, however staff attendance at these meetings was low and is further reported on in section 5.2.1.</p>	<b>Met</b>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2023	<p>The registered person shall ensure that the staff team undertake child sexual exploitation training.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and was stated for a second time.</p>	<b>Partially met</b>
<b>Area for improvement 7</b> <b>Ref:</b> Appendix 1 Standard 2 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection (15 February 2024)	<p>The registered person shall ensure that medication updates on the personal medication records are verified and signed by two members of staff to ensure accuracy.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed and will be carried forward to next inspection.</p>	<b>Carried forward to the next inspection</b>



<b>Area for improvement 8</b>  <b>Ref:</b> Appendix 1 Standard 1  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (15 February 2024)	The registered person shall ensure that care plans are in place for the management of distressed reactions and that the reason for and outcome of administration are recorded.  <b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed and will be carried forward to next inspection.	<b>Carried forward to the next inspection</b>

## 5.2 Inspection findings

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

A coordinated and consistent approach to the delivery of care to the young people was not evidenced at inspection. Staff highlighted they did not feel equipped with the knowledge and skill required to meet some of the young people's assessed needs relating to Autism. Young people also shared their views that some staff did not know how best to support and meet their individual needs. Autism training was identified as a training need for staff, an area for improvement was made in relation to this.

Regular team meetings were taking place, however staff attendance at these meetings was low. Regular team meetings can assist with promoting staff delivery of consistent care for the young people, ensuring they get the right care at the right time. Regular attendance at team meetings was stated as a new area for improvement.

### 5.2.2 How does the service ensure that staff are well-led, suitably trained and safe staffing arrangements are in place?

Safe staff recruitment was an area for improvement identified during the last care inspection. Review of staff records confirmed improvements had been implemented and evidence of safe recruitment practices had been improved. Systems were also in place to monitor staff registration with Northern Ireland Social Care Council (NISCC). Records reviewed identified the staff who were working each day, the capacity in which they worked and the identified person in charge. Records further confirmed that prior to any staff taking on the role of shift co-ordinator, a competency based assessment was in place that provided evidence the staff member was competent to perform the functions of this role.

Staff induction was identified as an area for improvement in the last two care inspections and reviewed at this inspection. Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the young people in the home. A robust induction process not only benefits new members of staff to integrate into their role, but it also helps to promote a consistent

approach in relation to daily practices within the home. The induction records did not provide assurance that staff had access to a competency based induction. This area for improvement was stated for a third time and was discussed at the Serious Concerns meeting. The action plan submitted provided assurance that a competency based induction was being implemented.

Staff supervision was identified as an area for improvement during the last two care inspections. Regular and high quality supervision of staff contributes to staff's professional development and supports their competence, confidence and reflective practice skills. Regular supervision with staff was not evidenced and this area for improvement was stated for a third time. During the Serious Concerns meeting the providers' representatives confirmed they were supporting the homes management team with governance within the home.

Safe supervision and support for young people can be achieved when the right number of staff, with the right skills and knowledge are available to provide care. An insufficient number of staff with the right training, knowledge and skills to meet the needs of the young people was identified. As a result three areas for improvement were made in relation to the training for staff.

The review of the staffing model which is described in the homes' Statement of Purpose, review of the rota, and discussion with the manager, staff and young people did not provide assurance that the current staffing model was adequate to deliver safe and effective care. The manager and bank staff (staff who are employed by the provider to work as and when required) were being relied upon to fill regular gaps in the rota. An over-reliance on bank staff can lead to young people experiencing a reduction in consistency and stability in their care. Furthermore, this can impact on young people building trusting relationships with staff due to their temporary nature.

The availability of staff to provide the right care at the right time, particularly at night was raised as a concern. A robust and dynamic review process should be in place to ensure the right number of staff are available to provide care for young people who are not settled in the home. Safe staffing levels should be continuously reviewed to ensure the staffing within the home is at all times responsive to the young people's individual needs including the capacity to adapt to changing risks and needs. An area for improvement was made in relation to this.

During the Serious Concerns meeting assurance was obtained that a robust action plan had been implemented in relation to staffing and staff training. The providers' representatives provided detail regarding the actions taken by the Trust, and further actions intended to address the concerns found. RQIA was assured the action plan presented demonstrated the provider has capacity to drive forward the necessary improvements.

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

Repeated areas for improvement raised concerns in relation to the leadership and management team in this home and the providers capacity to improve. Three areas for improvement were stated a third time and one area for improvement was stated for a second time. The improvements should have been implemented following their first identification. Furthermore robust monitoring should be in place to ensure actions implemented are effective and have a positive impact on children's lived experience in this home. Of further concern was that three new areas for improvement were identified. It was acknowledged the manager and senior staff



in the home have filled gaps in the rota which has likely had a direct impact upon their availability to drive improvement and undertake tasks to ensure that the service was well led.

To ensure monitoring and oversight is maintained in relation to the submitted action plan, it was agreed with Trust representatives that the monthly reports on the conduct of the home, which are submitted to RQIA, in accordance with Regulation 32 (5) (a) of the Children's Home Regulations (Northern Ireland) 2005, will report upon the effectiveness of the action plan and/or any barriers to driving improvement. This action will ensure there is a clear escalation process within the providers' senior management structure, they are fully cited on progress made and can respond in a timely way to barriers and challenges that may lead to further non-compliance.

## 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>	One	Eight*

\* the total number of areas for improvement includes one that have been stated for a second time, three that have been stated a third time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the Trust as part of the inspection process. The timescales for completion commence from the date of inspection.

Areas for improvement made as a result of this inspection may relate to The Department of Health's Minimum Standards for Children's Homes- Version 2 (January 2019). These standards were updated in April 2023 in relation to Standard 17-Staffing. Any areas for improvement made in relation to the 2019 standards will be carried forward and referenced using the 2023 standards until compliance is achieved.

Quality Improvement Plan	
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 24.1  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (28 May 2024)	The registered person shall ensure the staffing arrangements are reviewed without delay. The review must evidence the overall number and deployment of staff required, both as a whole staff group and on individual shifts is adequate. The review should detail the optimum number required to achieve the model of care described in the home's Statement of Purpose, to meet the individual needs of the resident group and the number required for the building to be safely managed.  Actions identified as a result of the review that are required to

	<p>ensure staffing numbers are safe should be integrated into the providers action plan and progress in relation to achieving the actions should be monitored in accordance with Regulation 32.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          To supplement our staffing needs we were able to recruit 2 x temporary Band 5 Social Care Workers who commenced their posts on 1<sup>st</sup> July and 5<sup>th</sup> August. We were also succesful in filling 1 x Band 4 permanent post who will commence pending appropriate employment checks. We are interviewing for the second Band 4 post on 22.08.24.          In addition there will be Bank Band 4 &amp; 6 interviews held in August for all the residential homes.          Staffing is reviewed on a weekly basis at the Residential Managers Team Meeting.</p>
<b>Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 29 July 2024</p>	<p>The registered person must ensure all staff involved with the preparation of food have completed food hygiene training.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          To date 7 core members of staff have completed their food hyiene training as well as 6 bank members of staff. We have a fulltime cook who works 5 days per week which ensures minimal food preparation needed by staff. In addition we have one takeaway night per week when the cook is not here. Those staff who still need training include staff who have been off on long term sick and newer staff. Staff who have not completed the training have been asked to complete by the end of September.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 29 July 2024</p>	<p>The registered person shall ensure that the staff team undertake child sexual exploitation training.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          At the time of inspection 16 core members of staff had completed CSE training (including 3 managers). This left 1 core member of staff (an RSW) who started in June who had yet to complete the training. They are booked onto CSE training on 10<sup>th</sup> September. In relation to Bank staff - 7 staff had completed this at the time of inspection. Those outstanding bank staff will also avail of the training in September .</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2024</p>	<p>The registered person shall ensure that all staff undertake essential and relevant training to support them in their role to meet the assessed needs of the young people living in the home. Current examples highlighted during this inspection are training in relation to autism and ligatures.</p> <p><b>Ref:5.2.1 &amp; 5.2.2</b></p> <p><b>Response by registered person detailing the actions taken:</b> Ligature training took place on 17th June during which 14 members of staff were trained. Another training session has been confirmed for 29th September.</p> <p>13 members of staff have completed Autism Training and there is further training being provided on 16th October.</p>
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<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 29 July 2024</p>	<p>The registered person shall maintain records that evidence staff competency on induction. Records should show that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of the young people.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> An audit was completed of all supervision files in the home to review induction processes and highlight any outstanding documentation. The home has now implemented the residential induction proformas which are being utilised in all the other homes. Managers will ensure that any new members of staff will be taken through the Trust Departmental Induction process as well as the residential specific induction and shift co-ordinator competency as appropriate.</p> <p>In relation to staff skills and experience we are fortunate to have a highly experienced and skilled staff team within children's home , please see attached staffing breakdown of our core and regular bank staff team.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 17.13</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 29 July 2024</p>	<p>The registered person shall ensure that there is evidence of regular individual supervision for all staff.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Residential PP has been providing cover to the home to support remaining managers to offer staff monthly supervision. an EOI has been done for a temporary Deputy Team Leader to support the management structure also. interviews taking place week of 19<sup>th</sup> August.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2024</p>	<p>The registered person shall ensure that team meetings take place on a regular basis and at least monthly. Staff attendance should be facilitated and on the rare occasions when this is not possible, a mechanism to achieve a robust handover to absent staff should be in place in relation to discussions held and actions agreed.</p> <p>Ref: 5.2.1</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>10 minuted Team meetings took place in 2023 and at the time of inspection 4 minuted team meetings had been achieved. Team meetings are scheduled monthly at an offsite venue. The Reset team have recently been able to support with staffing the home to allow for staff on shift to attend. Due to the nature of shift work we are unable to rota on the whole team as this would impact on the rest of staffing however some staff do attend when off shift and this is encouraged were possible. we reviewed the start time of the meeting also to allow for staff who are coming off a sleep over to attend. Team meeting minutes are available and shared with the whole team. In addition an evening team meeting is organised monthly for Bank staff to attend.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Appendix 1 Standard 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (15 February 2024)</p>	<p>The registered person shall ensure that medication updates on the personal medication records are verified and signed by two members of staff to ensure accuracy.</p> <p>Ref: 5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Appendix 1 Standard 1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (15 February 2024)</p>	<p>The registered person shall ensure that care plans are in place for the management of distressed reactions and that the reason for and outcome of administration are recorded.</p> <p>Ref: 5.1</p> <p><b>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.</b></p>

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







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