

Children's Home Inspection Report

IN041245

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

Service Type:

Young Adult Supported Accommodation

Provider Type: Independent Provider

Located within: – Western Health and Social Trust

Brief description of how the service operates:

Supported Accommodation Projects provide housing support, care and accommodation for young people aged 16 – 21+ whose needs can best be met in a living environment that affords age and developmentally appropriate experiences in preparation for adult life.

2.0 Inspection summary

An unannounced inspection took place on 14 May 2024 between 10 a.m. and 5 p.m. The inspection was conducted by two care inspectors.

The inspection assessed progress with all areas for improvement identified during the last care inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Four areas for improvement were assessed as met. One area for improvement in relation to complaints was partially met and restated for a second time. New areas for improvement were identified in relation to young people's meetings and the environment.

Evidence was available that improvements had been made with respect to risk assessment and risk management, fire safety and management of records; in turn improving safeguarding of young people and the quality of their lived experience. A stable management team led the project in accordance with the statement of purpose, with robust admissions and governance systems in place to ensure the project was effectively managed.

The management team described an experienced and dedicated staff team. Feedback from staff confirmed they felt supported by the management team who provided regular guidance and direction to support the delivery of safe and effective care to the young people. Staff spoke compassionately about the young people they support.

Young people provided positive feedback in relation to the support they received and the quality of the environment.

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, 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 project 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 project.

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 project. 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

The inspector spoke with young people and staff during the inspection.

The young people presented as comfortable in the environment and in their interactions with the staff team. Comments shared with the inspector confirmed the young people felt safe and staff were approachable, friendly and helpful. It was evident the young people were well supported and had developed positive relationships with staff.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported and support available from the management team. Staff spoke confidently about the detailed staff induction and support they experienced and shared their view that the project was young person centred. Staff also shared their view that there was a reflective and learning culture promoted within the team.

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

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 21 April 2022		
Action required to ensure compliance with Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012)		Validation of compliance
Area for improvement 1 Ref: Standard 1.4:1 Stated: Second time To be completed by: 31 May 2022	The provider shall review the needs of all of the young people who are living in the project to ensure: <ul style="list-style-type: none"> the staff have access to the right information the information they have for each individual young person in regard to risk is used to formulate a robust risk management plan for each young person the documentation available for each young person accommodated by the project is comprehensive, detailing a holistic overview of the young person's care, housing support needs and how these will be met. <p>Where a young person's needs are such that provision of an alternative service may be necessary, transition arrangements in consultation with the young person are agreed and facilitated.</p>	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 2.2:3</p> <p>Stated: Second time</p> <p>To be completed by: 22 April 2022</p>	<p>The provider shall review and improve:</p> <ul style="list-style-type: none"> the project's fire safety arrangements in place to ensure precautionary checks are undertaken in compliance with the projects policy and procedure and ensure effective practices are in place that assures safety measures are effective. adequate arrangements are in place for a fire risk assessment to be completed at required intervals that assesses fire risks. Any risk or risks identified should be detailed in the action plan and actions to reduce or remove the risk should be evidenced as in place. <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 1.3:6</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2022</p>	<p>The provider shall improve the storage and retention of the projects documentation and records such as the young people's individual records and the handover record. The projects policy in this regard should be consistent with the good management, good records guidance available on the DPHSS website. (https://www.health-ni.gov.uk/topics/good-management-good-records)</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 1.7:6</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2022</p>	<p>The provider shall review all young people's records to ensure the information in relation to risk is effectively used to formulate a robust risk management plan for each young person.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 4.1:3 Stated: First time To be completed by: 31 May 2022	The provider shall improve the complaints and compliments record. In particular, the records, if stored in a loose leaf file, should include a contemporaneous log of concerns reported; areas for learning or improvement should be recorded; and the young people's satisfaction with the outcome must be recorded.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and stated for a second time, and is discussed in further detail in section 5.2.3.	

5.2 Inspection findings

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

An environment that is welcoming and furnished to a high standard gives a strong message to the young people that they matter and will promote their wellbeing. On arrival to the project a warm and welcoming environment was observed. Communal areas were adequately maintained. Young people's private accommodation was furnished to a good standard.

Close Circuit Television (CCTV) was used to maintain a safe living environment for the young people. A CCTV policy was available to guide staff in the use of this system. Staff highlighted some potential areas that were not subject to CCTV system coverage. The inspectors recommended therefore that the effectiveness of the current CCTV system was reviewed by the management team.

The inspectors were assured that the security and safety arrangements in place within the service did not impinge on the young people's rights and reflected the services aims and objectives as led out in their statement of purpose.

During a tour of the external environment, a slip hazard was identified regarding steps to an adjacent property. The steps were accessible to young people living in the service. The potential risks to young people, staff, and visitors were highlighted to the manager. An area for improvement was identified.

Improvement was identified in relation to fire safety arrangements. Sampling of fire safety records identified regular fire alarm testing, fire drills, fire evacuations and annual fire risk assessments was completed within timescales. Staff were provided with fire training and management had oversight of this. This area for improvement was assessed as met.

5.2.2 Are young people getting the right service for them as a result of quality assessment, planning and review?

Discussion with the manager indicated that the statement of purpose was being updated to reflect the introduction of a step down model of support, in addition to the current supported accommodation model. Discussions with the manager provided assurance that provision of a step down service onsite would be appropriately managed; and the group dynamic would be considered continuously to promote positive outcomes for all resident young people. The updated statement of purpose was shared with RQIA post inspection.

The inspector reviewed the age ratios within the project in accordance with guidance from the Department of Health (Guidance on maintaining age ratios in jointly commissioned young adults supported accommodation projects, 2019). On the day of inspection, the project was compliant with the guidance.

The manager demonstrated understanding and awareness of their critical role and responsibilities in relation to ensuring that the service operates within its statement of purpose, age ratios are adhered to, and promoting safeguarding within the service. Discussion with the manager established that they were knowledgeable in matters relating to safeguarding of young people and had the skills to identify, take appropriate action when required, reflect and embed learning in order to drive improvement and achieve best outcomes for the young people. The inspector was assured during inspection that the service has a clear and effective process in place for reporting and managing safeguarding concerns.

Records sampled identified robust safeguarding measures in place within the service. Risk assessments in place for young people were subject to regular review. Clear guidance was available to staff on actions to be taken if risks were identified, and there was robust recording and reporting of incidents. The inspection findings confirmed that the staff team have benefited from stability within the management team, the visible leadership they demonstrate and their commitment to promoting an open culture within the service.

Good practice was identified with respect to the admissions process within the project. Review of records and discussions with the management team confirmed that decision making regarding potential admissions to the project was informed by a full and complete referral form. Referrals were thoroughly assessed, and considered against what the project could offer and to the dynamics within the project. The needs of the young people who were already living in the home were fully considered as was the potential impact that a new admission might have. The inspector was assured that the admissions process was robust and promoted positive outcomes for the young people.

5.2.3 Is quality assurance and improvement well led?

Young people's meetings enable young people to play an active role in shaping the day to day operation of the project; ensure their voice is heard, and promotes a sense of ownership, choice and autonomy for young people. This approach can contribute to improved lived experience for young people in the service. A review of the young people's meeting minutes evidenced that this forum was not happening regularly within the service. An area for improvement was identified.

A key component which can drive service improvement is learning and reflection upon feedback, complaints, concerns and significant events. During inspection, the complaints folder was not available and it was reported that there were no recent complaints. The inspector sampled the complaints template and concluded that it could be developed to include a clear outline for any learning that may have arose during the complaints process. The young people's satisfaction with the outcome should also be recorded. Therefore, this area for improvement was partially met and restated for a second time.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **Standards for young adults supported accommodation projects in Northern Ireland (2012)**.

	Standards
Total number of Areas for Improvement	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 Standards for young adults supported accommodation projects in Northern Ireland (2012)	
Area for improvement 1 Ref: Standard 4.1:3 Stated: Second time To be completed by: 14 July 2024	The provider shall improve the complaints and compliments record. In particular, the records, if stored in a loose leaf file, should include a contemporaneous log of concerns reported; areas for learning or improvement should be recorded; and the young people's satisfaction with the outcome must be recorded. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Revised complaints form and log have now been created (and submitted to RQIA for approval) These will include the views of complainant before and after resolution

<p>Area for improvement 2</p> <p>Ref: Standard 1.8:1</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2024</p>	<p>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 project.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Bi-monthly residents meetings will be held and the residents will be asked to appoint a representative who will meet with the manager monthly and feed back to the other residents. A new template for monthly recording of individual residents views has been drawn up, these will be recorded during key-working sessions and a managers review of these will be carried out and feedback given to residents by their keyworker and to the residents representative by the manager. Actions for completion will be identified and recorded when completed/progressed and suggestions identified that cannot be actioned will be recorded and the reasons why recorded and explained to residents.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 2.2:3</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2024</p>	<p>The registered person shall ensure that measures are taken to resolve the slip hazard identified on external steps.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The landlord of the complex was contacted immediately and external steps where power-hosed to remove slip hazard. Inspection of this area has now been included in our weekly health and safety checks and twice yearly or more, if necessary, power washing has been agreed with the landlord.</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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