



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report

IN043006

30 November 2023

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>Service Type: Children's Home</p> <p>Provider Type: Health and Social Care Trust</p> <p>Located within: Southern Health and Social Care Trust</p> | <p>Manager status: Registered</p> |
| <p>Size of home: Small Children's Home – Can accommodate up to four children.</p> | |
| <p>Brief description of how the service operates: The young people in this home have been assessed as having physical and/or intellectual needs/disability and are in need of short breaks in residential care.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 30 November 2023 between 9.30 a.m. and 3.15 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 sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The four areas for improvement identified during the last care inspection in relation to; the Statement of Purpose (SoP), training matrix and two in relation to the environment were assessed as met.

Three new areas for improvement were identified in relation to; the use of Safety Intervention, safeguarding training and staffing arrangements. These will be discussed in more detail within the body of the report.

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/person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with five members of staff, a parent and observed young people interacting with staff.

The staff spoken with provided positive feedback on the support they receive from management and the quality of care provided to young people. One questionnaire was returned by a staff member and confirmed their view that young people are safe and protected from harm, treated with compassion, that the care provided is effective and that the service is well led.

A parent shared positive views regarding the care provided to young people.

Both the parent and staff voiced concern regarding the impact of changes to planned short breaks upon young people, their families and the staff team. This feedback was shared with the manager.

Questionnaires were received post inspection from relatives/carers regarding the quality of care delivered by the service. Respondents confirmed that staff help young people to feel safe, and that parents are kept updated on the young person's well-being. There were differing views regarding how young people are supported to engage in decision making, taking into consideration their communication needs; and how feedback from relative/carers is used to inform care delivery.

A questionnaire returned by a young person reported that they are helped to feel safe; that staff are there when they need them; that they are involved in decision making and that staff know what is important to them.

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 17 November 2022 | | |
|---|--|---------------------------------|
| Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 4 Stated: First time To be completed by: 18 January 2023 | The responsible person shall submit a variation to reflect the number of young people to be accommodated in the home. The SOP must also be updated to reflect this change. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |
| Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2019) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 11 Stated: First time To be completed by: 18 May 2023 | The responsible person shall review the current layout and functions of areas of the home. Particular consideration should be given to; <ul style="list-style-type: none"> - the clinical environment and medication tasks. - access to the outdoor garden area. | Met |
| | Action taken as confirmed during the inspection: The inspectors confirmed that a review took place and plans are in place to improve the environment. This area for improvement was met. | |

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| <p>Area for improvement 2</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 18 January 2023</p> | <p>The responsible person shall ensure the training matrix is reviewed to improve governance and oversight of the full staff team's current training status.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p> | <p>Met</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2023</p> | <p>The responsible person shall review the environment in consultation with the young people. Particular attention should be paid to;</p> <ul style="list-style-type: none"> -sourcing an alternative solution to the current obscured windows in one bedroom - the internal doors of the home in an effort to improve the aesthetics of the home. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a review took place (see Area For Improvement 2) and young people were involved.</p> <p>This area for improvement was met.</p> | <p>Met</p> |

5.2 Inspection findings

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

Review of young people's files and daily logs provided evidence that the quality of recording was of a high standard and the detail reflected the young peoples' needs and lived experience. The records sampled were up to date, frequently reviewed, reflective of the current risks and provided clear guidance to staff providing direct care to the young people. Discussions with staff confirmed they knew the young people well, how they liked to be cared for, and the agreed strategies that promotes their safety and wellbeing. Discussions with staff and review of records provided assurance that the staff team are committed to engaging with the young people in their care in a therapeutic manner. Staff have the necessary information available to them to deliver safe and effective care.

Sampling of Safety Intervention records identified that the quality of information recorded requires improvement. The audit system in place to monitor the use of Safety Intervention should be improved to ensure that this approach is used in a positive and effective way.

The manager must ensure that safety interventions are:

- informed by a comprehensive assessment
- clearly and accurately recorded
- subject to robust external oversight
- notified to all relevant persons

This has been identified as an area for improvement.

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

Sampling of the rota and discussion with the manager confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people.

Feedback from staff, management and a parent identified that short breaks have been rescheduled or cancelled due to redirecting staff to support another service. The ongoing redeployment of staff to another service and the impact, was identified as an area of concern in relation to:

- maintaining the cohesion of the staff group delivering care in this home
- the young people's wellbeing whose planned short break has been cancelled at short notice
- the shortened notice to families of when they will be offered a short break service

This has been identified as an area for improvement.

Inspection of training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in areas such as infection prevention control, Safety Intervention and fire training. However, whilst the record showed the delivery of safeguarding training for staff was consistent with a three yearly timescale for training renewal in the matrix, the frequency should be reviewed to ensure refresher training is provided at least annually for all staff, in compliance with the Minimum Standards for Children's Homes. This has been identified as an area for improvement.

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

A review of the environment identified that efforts are made to provide a homely environment for the young people, whilst also ensuring the assessed needs of the young people are met. Plans were in place to make improvements to the environment, including adaptations to the layout of the home that make better use of the space. Improvements included a dedicated sensory room and clinical room, progress in this area will be reviewed during future inspection activity.

Inspection of fire safety records identified completion of fire alarm testing and regular fire evacuations were taking place. The fire risk assessment was also up to date, with evidence of recommended actions being completed.

5.2.4 What arrangements are in place to ensure that staff can identify, report and learn from complaints/adverse incidents?

The inspector reviewed the recommendations which were made following a serious adverse incident (SAI). Assurances were provided that all recommendations had been implemented and that the management within the home had promoted a learning culture.

Sampling of team meeting minutes identified that staff are provided with regular opportunities to meet together as a group. Staff discussed the strategies agreed to support young people, and reflected upon what is working well and what could be done differently. Regular team meetings, coupled with access to supervision and support from managers, further supports the learning culture. This is essential to ensuring the effectiveness of the team and consistency of care provided to the young people.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 3 |

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023) | |
| Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 30 May 2024 | The registered person shall ensure safeguarding training is provided at least annually for all staff. Ref: 5.2.2 Response by registered person detailing the actions taken: The Training Matrix has been amended to reflect Safeguarding training now required on a yearly basis to meet the requirements of the Childrens home standards and not as per requirements of the Trust. Safeguarding Training has been arranged for all staff on 27/2/24 and this will once again be incorporated into the training week scheduled yearly for all eligible staff . |

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| <p>Area for improvement 2</p> <p>Ref: Standard 3.13</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p> | <p>The registered person shall ensure that a review of the use of Safety Intervention within the home takes place. The outcome of this review should be used to improve governance processes in relation to the future use of safety intervention in this home.</p> <p>Ref: 5.2.1</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2024</p> | <p>Response by registered person detailing the actions taken:</p> <p>Home Managers have made contact with the Trust Safety Intervention Training Team to look at the wording and recording of Safety Intervention techniques used within the Team. Staff have been given support and information regarding recording of same. Datix recording processes have now changed. Staff are clearer on the level of safety intervention used and how to record same on Datix and complete the Restrictive Practice section. The Manager reviewing the Datix recording now populates the information to the Chronology section of the child/young persons Paris File. These incidents are reviewed with staff and if Safety Intervention is used regularly then a Restrictive Practice meeting is convened to ensure robust governance with the anticipated outcome to reduce Restrictive Practice. This meeting will include Safety Intervention Trainers and a Multi disciplinary Team of professionals who know the young person.</p> <p>Furthermore Senior managers for the service will undertake quarterly meeting with the managers to review the use of Safety Intervention during that period. This will ensure managers are alerted of any issues/ trends/ risk / governance of same.</p> |

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| | <p>Managers have kept under close review the impact of same on the provision of short breaks within the unit and while there has been some cancellations this has not been a major impact upon service delivery and only occurs as a last resort.</p> <p>Redeployment has been an ongoing feature across this service for many years given the need for the young people who reside in the full time residential unit. There has been a review of the service delivery model within this unit which seemed to stabilise staffing with the intention of reducing the need to redeploy staff from the unit and there is currently no redeployment of staff since December 2023.</p> <p>There has been an emphasis on developing relationships between the two teams and ongoing work is being done with the Operational Manager and Head of Service to look at the needs of both units in relation to staffing and budgets.</p> <p>Recruitment has remained a focus for all the residential facilities to ensure vacant posts are filled and this reduces the need for redeployment of staff unless through a planned process i.e. occupational health recommendation etc.</p> |
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