



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

1.0 Service information

Health and Social Care Trust

Service Type:
Children's Home
Provider Type:

Manager status:
Not registered

Located within: - Southern Health and Social Care Trust

Brief description of how the service operates:

The children and young people living in this home have been assessed as having intellectual needs/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 took place on 17 July 2024 between 9.30 a.m. and 5.15 p.m. The inspection was conducted by a care inspector.

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

The last care inspection identified four areas for improvement. Two areas for improvement were assessed as met, in relation to submission of an application for the registration of a manager and transition planning for young people. Two areas for improvement were not met in relation to staff training and recording practices.

Concerns were identified that the leadership and governance arrangements in the home were not effective. An application had been submitted to RQIA following the last inspection to register a manager, however there had since been further change in management arrangements, and therefore this application was no longer viable. There has not been a registered manager in place since December 2021 and the absence of consistent leadership within the home was contributing towards an inability to bring about improvement within the service.

Improvement in relation to staff accessing and completing required training and regarding recording practices since the last inspection had initially been achieved, however this was not sustained. Both areas for improvement were therefore not met and were stated for a second time. Concerns were also identified with respect to the governance and oversight in place with

respect to restrictive practices, culture and morale amongst the staff team, and consistency and predictability of care for young people.

Enforcement action commenced as a result of this inspection to monitor: compliance with regulations and minimum standards; drive improvements; and assure the delivery of safe care for young people. RQIA met with the provider's representatives on 12 August 2024 with the intention to serve an Improvement Notice with respect to The Minimum Standards for Children's Homes (Department of Health) (2023), Standard 16 – Governance.

At this meeting, the provider's representatives provided a full account of the actions taken, and subsequent actions planned to achieve compliance with the standard identified. The action plan submitted to RQIA outlined how they intended to bring about the necessary improvements within the service and provided assurance that senior managers were cited upon the concerns, understood and were committed to the improvements required, and intended to implement robust governance mechanisms to ensure the action plan was effective. RQIA considered the matter and decided not to serve an Improvement Notice in regard to the above standard.

The concerns identified during this inspection have been included in the Quality Improvement Plan (QIP) as areas for improvement. Two new areas for improvement were identified; in relation to arrangements in place to support staff, and restrictive practices.

In addition, monthly reports on the conduct of the home submitted to RQIA, in accordance with Regulation 32 (5) (a) of the Children's Homes Regulations (Northern Ireland) 2005, will include a statement which summarises progress made, or barriers identified to achieving progress against the action plan, and any corresponding mitigating actions.

RQIA will continue to monitor progress with the action plan and future inspection activity will assess improvement in the quality of service as a result of the actions taken by the provider following this enforcement activity.

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 at the conclusion of the inspection.

4.0 What people told us about the service

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

Young people who were less able to tell us about how they found life in the home were observed to be relaxed in their surroundings and engaged well with staff.

Staff raised concerns with regard to the impact of staffing pressures and the morale of the staff team. Staff reported communication issues, and a lack of guidance and consistency in the care provided to young people. The concerns raised by staff were addressed with the provider as part of enforcement action, which is discussed in greater detail throughout the report.

Young people, carers, staff and professionals, had the opportunity to provide further feedback via a questionnaire or electronic survey. No feedback was received by RQIA within the required timescales for inclusion in this report.

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 May 2023				
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance		
Area for improvement 1 Ref: Regulation 3 (3)	The responsible person shall ensure that an application for the registration of the manager is submitted without delay	compliance		
Stated: First time	Action taken as confirmed during the inspection: A manager application was submitted to RQIA following the last inspection. Therefore, this area for improvement was met.	Met		
	However, as outlined in Section 2.0, there had been further change in the management arrangements for this service			

	and therefore this application was no longer viable.	
	Concerns regarding consistent leadership and management arrangements in this service is discussed in Section 5.2.4.	
Action required to ensure Standards for Children's	Validation of compliance	
Area for improvement 1	The responsible person shall ensure that staff are equipped with the skills and	
Ref: Standard 17.10	training required to meet the assessed needs of the young people.	
Stated: First time	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed in Section 5.2.2.	Not met
Area for improvement 2	The responsible person shall ensure recording practice in relation to incidents at	
Ref: Standard 18	the home is improved in line with professional standards and in accordance	Not mot
Stated: First time	with NISCC codes of practice.	Not met
To be completed by: 6 July 2023	Act Action taken as confirmed during the inspection: This area for improvement was not met and is discussed in Section 5.2.1.	
Area for improvement 3	The responsible person shall ensure that there is a clear transition plan for each	
Ref: Standard 14	young person; with evidence of engagement and involvement from the	
Stated: First time	young people; and that their views have been recorded should they chose not to participate in the process.	Met
	Action taken as confirmed during the inspection: This area for improvement was met and discussed in Section 5.2.1.	

5.2 Inspection findings

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

Since the last inspection, the service has developed a transition plan for young people leaving the service and progressing to adult services. This transition plan includes a robust multi-disciplinary team and has resulted in positive outcomes for young people.

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments, positive behaviour support plans and communication passports. However, some of the records sampled had not been updated as required and therefore, may not have been representative of the current risks and needs of the young people.

Discussions with staff and sampling of daily logs identified an absence of a consistent approach to the delivery of care to the young people. Team meetings were poorly attended and evidence of meaningful engagement between the management team and staff to agree the strategies used to care for the young people was not available. Staff reported a lack of guidance on how to manage behaviours which challenge and highlighted the inconsistency of care provided to the young people.

Staffs recording also evidenced there was inconsistent responses to young people's behaviours which challenge. This can result in unpredictability and instability of care for young people, negatively impact their wellbeing and can increase the likelihood of behaviours which challenge. Concerns were also identified in relation to the use of restrictive practices; and incidents where staff had used interventions which were not approved Safety Intervention techniques.

There was a lack of evidence of effective governance with regard to the use of restrictive practice; concerns were identified with regard to the accuracy of recording of incidents; staffs' understanding of their role in relation to reporting of incidents; the availability of guidance and agreed strategies and proactive planning around interventions. Oversight, robust monitoring and opportunities to learn from incidents were not confirmed as in place. This means that opportunities to learn from incidents and prevent reoccurrence are reduced and the potential to implement change in order to promote young people's safety and enhance their lived experience within services is not likely to be realised.

These concerns were discussed with the provider's representatives at a meeting on 12 August 2024. RQIA were provided with assurances that targeted actions have been put in place to address the concerns. Actions included bespoke training for the staff team, implementation of a restrictive practice oversight group to review practices within the home and support learning, and the establishment of quality review mechanisms to ensure staff were implementing young people's care plans consistently and effectively.

As outlined in Section 2.0, progress against the identified actions will be monitored by the provider's senior management team and monthly updates provided to RQIA. Furthermore, an area for improvement regarding restrictive practices was also identified.

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

Inspection of the rota and discussions with staff and the management team identified staffing pressures within the service. Whilst there was no evidence staffing levels had fallen below what was required to meet the individual needs of the young people; staff reported that it was impacting upon their ability to complete other tasks, which did not involve direct care of the young people such as reviewing and updating essential care planning documentation.

The staffing pressures were also having an impact upon effective team meetings being held and staffs attendance at necessary training. Team meetings are crucial for fostering a collaborative child centred approach, they provide opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to care.

Insufficient progress had also been made to improve the staffs' training compliance levels since the last inspection. Essential training ensures staff have the requisite skills and knowledge to provide the right care at the right time. This must be provided, completed in a timely manner, and updated were required.

At the meeting on 12 August 2024 with the provider's representatives, RQIA received assurances that the provider had implemented an action plan to address these concerns and ensure that improvements are progressed and sustained. The action plan aimed to stabilise the staff team, build upon staffs' knowledge and skill, promote a positive team culture, and strengthen governance and quality assurance mechanisms within the service.

As outlined in Section 2.0, RQIA will monitor progress with the action plan, and future inspection activity will assess improvement in the quality of service as a result of the actions taken by the provider. Furthermore, an area for improvement was identified in relation to strengthening staff support mechanisms in place.

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

A review of the environment was undertaken. Young people's spaces had been decorated to reflect their individual interests, creating a child centred environment. Internally the home was well maintained and presented as a comfortable, homely space.

There was evidence of recent damage in some areas of the home and although this had been repaired, it impacted upon the homeliness of the environment. The manager of the home and senior management provided assurance that they were cited on the concerns regarding the environment and are engaging with estates to ensure improvements are made and all damage is reported and repaired in a timely manner.

The external spaces were well presented; and efforts had been made to maintain the garden; creating a space that was inviting for young people.

Personal Emergency Evacuation Plans were available for the young people which assessed fire safety risks and mitigating actions in place to promote safety.

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

The findings of this inspection raised concern that the leadership and governance arrangements for this service were not effective. The home had not had a registered manager in place for a significant period of time and the absence of leadership within the home was contributing towards an inability to bring about improvement within the service.

These concerns were also discussed with the provider's representatives at the meeting on 12 August 2024. It was agreed that the provider would move at pace to recruit a permanent, registered manager. In the interim, the effectiveness of the current management arrangements within the service would be subject to regular review.

Improving the leadership arrangements in this service is essential to embedding strong governance structures; ensuring effective oversight, and strengthening the direction and support provided to staff; all of which will promote positive outcomes for the young people.

RQIA were assured that the provider's representatives had introduced a robust approach to measure progress against the action plan, which included an oversight group, tasked with the responsibility of measuring progress against the action plan. In addition, the provider had delayed further admissions to the service for a period of time to support the progression of key actions required to achieve stability in the service.

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	4*

^{*} the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and the provider's senior representative 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 Minimum Standards for Children's Homes (Department of Health) (2023)

Area for improvement 1

Ref: Standard 17.10

Stated: Second time

To be completed by: 17 October 2024

The responsible person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people.

Ref: 5.1 and 5.2.2

Response by registered person detailing the actions taken:

Following the inspection in July 2024, the management team undertook immediate work which targetted completion of outstanding training by waking night staff where capacity allowed. Additionally a review and cleanse of the training matrix, in relation to those staff on long term sick leave, has been carried out and has improved the accuracy of overall training stats with improvement noted in overall compliance figures. The Management Team have been given access to live training data which supports more up to date training information to allow robust review and monitoring of compliance and highlights training requiring refresher to inform the training plan for the team. The Management Team have developed a training plan that includes CMT as well as Safety Intervention where a number of staff have completed this since the inspection and others are booked on availble training dates up until December 2024. The Operational Manager has linked in with the Workforce Development Team to progress a Training Needs Analysis, with additional Safeguarding Training and Notes Recording Training dates to be agreed. Datix Refresher Training has been offered by Governance colleagues also. Training specific to the Therapeutic Model within the home has been offered to the staff to provide everyone with a fundamental knowledge of PBS. Training stats and compliance levels are monitored within the associated Steering Group who are responsible for the implementation of the agreed action plan. The Trust have now approved the 'Management of Self Harm though the use of Ligatures' Policy and training will be scheduled in relation to this also in 24/25. The Operational manager will agree an audit plan also in relation to training for 24/25 with input from Governance colleagues as a means of ensurin continued compliance and focus on this area.

Area for improvement 2

Ref: Standard 18

Stated: Second time

The responsible person shall ensure recording practice in relation to incidents at the home is improved in line with professional standards and in accordance with NISCC codes of practice.

To be completed by: 17 October 2024

Ref: 5.1 and 5.2.4

Response by registered person detailing the actions taken:

An action plan has been created and shared with the team in order to focus on service improvement. As recorded above, the Trust have a work plan in place to focus on training to improve the qualtiy of notes written by staff as well as incidents of restrictive practice to ensure staff recognise where this has been implemented and records reflect same. A Nursing Quality Indicator audit process has recently commenced within the service which will also focus on the quality of recorded nursing notes for the Young People. A supervision plan has been created where additional supervisors will cover pressures stemming from staff sickness/vacancies of posts to supervise staff, this will focus on governance/accountability when recording notes that involve Restrictive Interventions.

Area for improvement 3

Ref: Standard 17.3

Stated: First time

To be completed by: 17 October 2024

The responsible person shall ensure arrangements are in place to support staff in decision making and ensure a consistent approach to the care of young people; this should include regular and effective team meetings.

Ref: 5.2.2

Response by registered person detailing the actions taken:

Fortnightly Team Meetings/Young People's Meetings continue to take place within the service. Attendance at these meetings has been a challenge and the Management Team and Operational Manager have been liaising with HR to develop a plan to redesign the shift pattern which will increase capacity for Team Meeting attendance. It is hoped this redesign of shift patterns would also provide the opportunity for the staff to engage in planned monthly workshops that will focus on the Young People's care plans. Staff will be given the opportunity to engage in the shaping of new work plans with the Young People, as well as refine the Young People's care plans further. Weekly meetings to review PBS Daily Grab Sheet by key staff and managers continue with a view to highlighting what is working well/not well, identify if any further supports are required for the young person/team and agree plan. Reflective Practice Sessions have commenced with the staff team and are facilitated by the Scaffold Consultant Lead Psychologist. These sessions focus on the impact of this work on the individual and group wellbeing. The management team ensure post incident debriefing as the norm following distressing incidents.

Area for improvement 4

Ref: Standard 11

Stated: First time

To be completed by: 17 October 2024

The responsible person shall ensure robust processes are in place for the implementation and review of restrictive practices

in line with regional guidance.

Ref: 5.2.1

Response by registered person detailing the actions taken:

As referenced above, training has been identified for staff with an emphasis on esnuring that all staff are able to identify restrictive practice and aware of the need to robustly document same and report to line management. As agreed in the action plan, the Operational Manager will review the Young People's daily logs/records and correlate this with Datix's on a weekly basis to provide an additional layer of governance within the service. A Restrictive Practice Governance Forum has been established with a TOR that identifies key objectives including a focus on the use of Restrictive Practice within the service. This forum includes members of the wider Multi-Disciplinary Team to provide impartial scrutiny of Restrictive Practices used within the service and to address any concerns from a learning perspective and also to highlight any trends/good practice.

^{*}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

@RQIANews