



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: Southern Health and Social Care Trust

Manager status:

Not registered – application

submitted

**Size of home:** Children's Home – Can accommodate up to five children

### Brief description of how the service operates:

The children living in this home have had adverse childhood experiences which has resulted in them requiring residential care. The home's Statement of Purpose (SOP) identifies that the main purpose of the home is to provide a therapeutic residential environment to young people for a medium to long term arrangement.

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 15 December 2023 between 9.30 am and 7.15 pm. The inspection was conducted by a care inspector to determine if the home was delivering safe, effective and compassionate care, and if the service was well led. Inspection feedback was provided on 20 December 2023.

Discussion and observation of staff interactions with the young people provided assurance that there was a strong culture of trauma informed practice and that staff were motivated to deliver safe, effective and quality care. Areas for improvement were made in relation to team meetings and staffs regular communication with young people regarding the operation of the home. These will strengthen and support the staffs current development and promote a co-ordinated approach; this is needed to ensure consistent care is provided.

Review of the home's sensory room resulted in one new area of improvement being made that will further enhance resources available to meet children's needs, and safe storage of records was also identified as an area of improvement.

The home was providing care for young people outside of the categories of care stipulated on the home's registration certificate and an application to update (vary) the registration of the home was identified as required. The young peoples guide was also identified for improvement and the revised version is required to be submitted with this application.

The training record (matrix) was not a reliable or accessible record. The record should verify essential and mandatory training had been attended by staff with outstanding training clearly highlighted. Potential deficits in practice identified as a result of staff not accessing training in a timely manner should also be recorded, for example the staffing model should be reviewed to ensure young people have access to the right staff who can provide the right care at all times. The baseline staffing compliment i.e. the number of staff on the rota daily was also identified for review to assure staffing arrangements are consistent with the individual needs of all young people, the size of the home and the SOP. Two new areas for improvement were identified in relation to improving staffing and training.

The management changes in the home over the past few years is likely to have had an impact on the governance arrangements in place that support stability in the delivery and standard of care that can be achieved. The current manager had submitted an application to register with RQIA, they were conscious of the areas that needed to be improved and they provided assurance that the home had regained some stability. The manager assured there was capacity within the team to continue to build on improvements, however regular team meetings was identified to support further improvement in this area.

The findings of this inspection were discussed with the manager and the operations manager. These discussions provided assurance that the management team who have responsibility for this home were conscious of the areas for improvement prior to this inspection and had a plan in place to achieve improvement.

The findings of this report will support the management team to further 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, 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 is 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 five young people, five staff members and three members of the management team. Seven questionnaires from young people, staff and parents/carers were received post inspection.

Observations showed the young people were relaxed and at ease within the home. Staff were responsive and good relationships with the young people were evident. Discussions identified that some young people felt listened to, whilst others did not. The young people described better relationships with some staff than others. The returned young people's questionnaire was consistent with this stating that they sometimes felt safe and sometimes felt listened to; this was dependent on the relationship with individual staff. Access to advocacy and young people's meetings was also raised and this is further discussed in section 5.2.1 of this report.

Some young people raised issues around group dynamics and said that they did not always feel safe; they felt that incidents were not being managed appropriately by staff, however this was not all young peoples' experience.

Discussion with staff and their returned questionnaires identified they were concerned regarding changes in the management team, staff sickness and a reliance on temporary staff to fill gaps in the rota. Nevertheless, staff described management as approachable and felt they were responsive in relation to increasing staffing levels to ensure safe care. Staff further described a trauma informed, experienced and skilled team. However, they felt better communication was needed to promote consistent care for the young people. Staff said relationships between some young people was a concern, however assurance was provided staff were addressing this daily. Staff can further improve their approach through team meetings however these have not been regular and staff attendance is low. Overall staff were keen to promote a consistent approach to care in the home and felt this needed further development with the team. Staff were focused on ensuring the young people received the right care for them at the right time.

One questionnaire response was received from a parent/carer and they were of the opinion that the home was not managed well; the young people only felt safe sometimes; they were concerned regarding the group dynamics and staff's communication with young people. This feedback was provided to the person in charge who was already aware of these concerns and were implementing actions to promote improved communication for young people.

Overall it is clear a consistent and co-ordinated approach is needed to ensure the young people get the right care at the right time and that the young people feel safe. The areas for improvement identified during this inspection will further support the home to address the concerns raised by young people, staff and families.

#### 5.0 The inspection

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

The last inspection to this Children's Home was undertaken on 29 November 2022 and 5 December 2022 by a care inspector and a pharmacist inspector; no areas for improvement were identified.

### 5.2 Inspection findings

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

The Statement of Purpose (SOP) was updated by the provider in October 2023 and clearly described the nature and range of the service to be provided. The home was not operating in keeping with the SOP and was providing care for young people outside of the home's registered categories of care. The manager must submit an application to RQIA to vary the registration, the homes SOP must also be updated to reflect this change. This has been identified as an area for improvement.

Both staff and young people discussed concerns regarding some young people's communication with each other. Staff who spoke with the inspector described a compassionate and responsive approach to the group dynamics and relationships between young people. Staff described making great efforts to engage and build relationships with young people and had an understanding of their needs. However, the staffs approach could be better co-ordinated and communicated within the team to improve staffs consistent approach that is grounded in mutually agreed strategies. Improvement in this area should aim to enable all the young people to feel safe and feel they can confidently raise any difficulties with staff at any time. Regular team meetings will assist with improvement in this area.

Review of records and discussion with staff showed that an advocacy service was not regularly visiting the young people. Advocacy services should be available to the young people to help them express their views and opinions. The service could further support the team to develop strategies that promote a preventative approach to young people's bullying. Advice was provided to the manager to explore the house of empathy programme with an advocacy service to support development of their approach to improving young peoples relationships.

Discussions with young people identified that they did not always feel listened to and that young people meetings were not taking place regularly. These meetings would afford the young people an opportunity to have their voices heard and to raise any issues of concern. This was identified as an area for improvement.

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

The review of; the staffing model described in the SOP, the rota and discussion with management and staff did not provide assurance that the current staffing model was supporting safe and effective care. There was a reliance on temporary staff to fill gaps in the rota, which can lead to a lack of consistency and stability in how care and support is provided. Furthermore, this can impact on young people building and maintaining trusting relationships with all staff. A robust assessment of the staffing required to meet the needs of the young people living in the home is needed and an area of improvement was identified.

# 5.2.3 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

A competency and capability assessment had been completed with staff in charge of the Children's Home. Discussions with staff clarified they understood their responsibilities including being in charge in the manager's absence.

The training matrix did not provide assurance that all staff were suitably trained due to the record being difficult to extract information from. Therefore, evidence of staffs training needs, monitoring of gaps in training or the impact of staff not receiving training in a timely way in relation to meeting childrens needs in the home was not available. It is imperative that staff have completed relevant training to ensure young people are well cared for. Training records should be dated and accurately reflect the current staff team, including any bank staff, and the training attended. An area for improvement was identified in relation to training.

All staff on the day of inspection presented as trauma informed and person centred within their approach, they voiced a good understanding of each of the young people's individual needs. Staff described they were aware that mandatory and essential training should be delivered in a timely way to ensure the young people get the right care for them and arrangements are in place for this specific training to take place.

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

A comfortable, well furnished, welcoming and homely environment gives a strong message to young people that they matter, and their wellbeing and comfort is priority. On arrival to the home a warm and welcoming environment was observed. Attention to detail was evident with homely touches throughout. Staff who spoke with the inspector took great pride in the home and the decoration. The furniture within the living room areas was of good quality and had a homely feel.

A sensory room had recently been decorated and provided a place for the young people to relax and have some quiet time. However, the room was sparsely decorated and needs further developed to ensure it is suitably equipped to meet the needs of all the young people. This was identified as an area for improvement.

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

There has not been a registered manager in this home since January 2023 and this instability most likely contributed to the areas for improvement not being fully identified and improved prior to this inspection. The current manager had applied to register with RQIA and discussion with them provided assurance that they understood their legal responsibilities as described within relevant legislation. Appropriate and stable management arrangements were assessed as in place and the manager understood their role to lead and drive forward the improvements required.

Regular staff team meetings promote effective communication and is an opportunity for the staff team to share and discuss information, with the aim of ensuring the young people are getting the right support for them. Team meetings were not taking place on a monthly basis which is likely to have impacted on the effectiveness of this process, staff also raised this as a concern. This was identified as an area for improvement.

Review of the young people's guide identified gaps in relation to required information. It is recommended that the document is updated and the format used is accessible for the young people in the home taking into account their age and understanding. This document should be shared with the young people prior to admission to the home. The revised and improved young person's guide will be submitted to RQIA with the required application to vary the registration of the home.

It was found that not all records were stored safely and securely in line with data protection. Following a recent incident in relation to safe storage of documentation, it is a concern this had not been addressed effectively. An area for improvement was identified.

### 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

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 The Children's Homes Regulations (Northern Ireland) 2005		
Area for improvement 1  Ref: Regulation 4 (6) (7)  Stated: First time	The registered person shall ensure the home is providing care in accordance with the registered categories of care. An application to vary the registration of the home's categories of care should be submitted to RQIA by 26 January 2024. This must include a revised young person's guide.	
To be completed by: 26 January 2024	Ref: 5.2.1 & 5.2.5	
	Response by registered person detailing the actions taken: Variation Request now submitted for consideration by RQIA and includes a revised young person's guide.	

### **Area for improvement 2**

Ref: Regulation 24.1

Stated: First time

To be completed by: 16 February 2024

The registered person shall review the staffing arrangements to ensure that the staffing arrangements are consistent with the individual needs of all young people, the size of the home and the SOP.

Ref: 5.2.2

# Response by registered person detailing the actions taken:

Staffing levels within the are consistent with those in other homes in the Trust and at all times take account of the number of young people resident within the home as well as the individual needs of these young people alongside the statement of prurpose. At the point of inspection the children's home had a number of core staff on sick leave and as such bank staff were required to ensure that safe staffing levels were maintained. During periods of sick leave across all of the homes the rota is supported by bank staff who are consistent within the home and are known to the young people. Those staff on sick leave have now returned to work and the need for bank staff has once again reduced within the home. Across the region there is discussion ongoing about staffing levels within children's residential homes and any recommendations from this will be progressed as appropriate.

# 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: First time

To be completed by: 26 January 2024

The registered person shall improve the training matrix to ensure it accurately records staff training for staff working in the home, including staff who are not working a full time and permanent contract. A plan to address any gaps in training should be in place with clear mitigations in relation to impact on current care arrangements and how the potential for poor outcomes is being addressed.

Ref: 5.2.3

# Response by registered person detailing the actions taken:

Training matrix is now under review by Manager and Operational Manager and will be amended to ensure clarity and will accurately record training for all staff including bank staff. There is also ongoing regional work to develop a consistent training matrix across children's residential homes in Northern Ireland.

The registered person shall ensure that team meetings take Area for improvement 2 place on a regular basis and in compliance with this standard Ref: Standard 17 i.e. at least monthly. Stated: First time Ref: 5.2.1 and 5.2.5 To be completed by: 16 January 2024 Response by registered person detailing the actions taken: Achieved and ongoing. Team meeting will be priortised. Area for improvement 3 The registered person shall review the arrangements in place in relation to staff's communication with young people Ref: Standard 1 regarding the day to day running of the home. Required improvements should be made to ensure young people's views Stated: First time are sought and acted upon. To be completed by: Ref: 5.2.1 16 January 2024 Response by registered person detailing the actions Achieved and ongoing. Young people's meetings in place monthly within the home and minutes recorded. Area for improvement 4 The registered person shall ensure that the sensory room is further developed to ensure it is suitably equipped to meet the Ref: Standard 11.2 needs of all the young people. Stated: First time Ref: 5.2.4 Response by registered person detailing the actions To be completed by: 16 March 2024 taken: In process - Occupational Therapist in Scaffold Team supporting manager with appropriate design of this room in line with young people's sensory needs. Area for improvement 5 The registered person shall ensure that all records are held safely and securely in line with data protection. Ref: Standard 18.5 Ref: 5.2.5 Stated: First time To be completed by: 16 January 2024 Response by registered person detailing the actions taken:

In process - Information Governance supporting manager to determine what records need held and to access storage for same external to the building.

<sup>\*</sup>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