



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN042979
12 December 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: Children's Home Provider Type: Health and Social Care Trust Located within: – South Eastern Health and Social Care Trust	Manager status: Registered
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.	

2.0 Inspection summary

An unannounced inspection took place on 12 December 2024 between 9.30 a.m. and 5 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with two 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.

Two areas for improvement identified at the last care inspection were assessed as met, in relation to young people's records and the environment. Three areas for improvement identified at the last medicines management inspection were not assessed as part of this inspection and will be carried forward to the next inspection. One new area for improvement was identified in relation to the recording of complaints.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manager. The findings of this report will provide the manager 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 at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff on the day of inspection.

Feedback from young people provided a positive view regarding the relationships between young people and staff. They reported that staff were approachable, attentive and engaged young people in activities. Young people reported that the home environment was comfortable and that their views were considered and contributed towards the running of the home.

Feedback from staff confirmed that there was good support available from the management team. Staff reported that the care provided to young people was person centred and compassionate. Morale was high amongst the staff team, and they described a settled and experienced staff team who support each other.

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 30 January 2024		
Action required to ensure compliance with the Minimum Standards for Children's Homes 2023		Validation of compliance
Area for Improvement 1 Ref: Standard 18.4 Stated: First time	The registered person to ensure regular file audits take place to ensure the young people's records are accurate, up to date and include all relevant information.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 Ref: Standard 11.1 Stated: First time	The registered person shall ensure that the flooring throughout the home is replaced within the stated timescale, where this is not possible the trust must submit the plan and anticipated timescale for completion for RQIA's consideration.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Appendix 1, Standard 2 Stated: First time	The registered person shall ensure that personal medication records are checked and signed by two trained members of staff when they are written or updated to verify that they are accurate.	Carried forward to the next inspection
	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.	
Area for improvement 4 Ref: Appendix 1, Standard 3 Stated: First time	The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded daily to ensure that medicines are stored appropriately.	Carried forward to the next inspection
	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.	

Area for improvement 5 Ref: Appendix 1, Standard 1 Stated: First time	The registered person shall ensure that a written list of current prescribed medicines is obtained from the prescriber at or prior to admission for new young persons.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

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

Young people's daily logs identified that the quality of recording was of a good standard and the detail reflected the young people's lived experience. These records, along with feedback from staff, provided assurance that the staff team were committed to engaging with the young people in a therapeutic manner. Discussions with staff confirmed they knew the young people well, how they liked to be cared for and the agreed strategies that promoted their safety and wellbeing.

Risk assessments and individual crisis support plans (ICSP) were in place to support the protection of young people and ensure staff interventions were effective. Evidence was available that these records detailed appropriate interventions and supports required to mitigate against assessed levels of risk and were regularly updated.

Young people's meetings occurred on a regular basis and were facilitated by staff in the home. Promoting young people's involvement and active participation in these meetings is essential for supporting young people to influence the way they are cared for and reinforce that their views and opinions matter. Records confirmed young people's meetings provided an opportunity for the young people to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care.

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

Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people, and ensure adherence to safety and care plans. 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.

There was a lack of permanency among the night staff team, however, evidence was available that there was a consistent group of staff on night shift to support building positive relationships with young people. The manager confirmed that recruitment was ongoing to achieve greater permanency across the staff team, and if achieved will strengthen the ability of the staff team to create predictability and stability for the young people.

Mandatory training supports staff to deliver safe and effective care to young people. Training records viewed during and post inspection provided assurance that robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in areas such as safeguarding, therapeutic crisis intervention and fire training.

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

The home was nicely decorated and presented as a comfortable, homely space for young people to live; with soft furnishings and young people's artwork being utilised to create a welcoming environment. Young people's bedrooms had been decorated in line with their wishes and preferences. A well maintained and welcoming outdoor space was also available to the young people.

Robust governance arrangements with respect to fire safety are a key mechanism to maintaining a safe home environment for the young people to live in. Robust fire safety checks were completed by staff on a regular basis. The records evidenced the consistent completion of weekly fire tests and evacuations. The fire risk assessment was also up to date and the associated action plan had been completed.

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

Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people. Team meetings occurred on a regular basis, they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people.

Complaints records did not evidence thorough investigation, recording, oversight and review of all complaints. Good governance of complaints is essential to evidence that investigations were thorough and comprehensive, with clear outcomes and findings to support continuous learning and improvement within the home. Assurances were provided by the provider's senior management team regarding the actions which were taken in response to a complaint, however, this was not reflected in the recording of the complaint. An area for improvement was identified.

The inspection identified that not all records of statutory visits undertaken by young people's community social work staff were available within the home. These visits are an opportunity for the young people to express their views regarding the care they receive and for key people in the young person's life to assess if their care is safe, and aligned to their individual needs.

These visits provide crucial information so that staff can ensure continuous assessment of what is working well and what could be improved for the young person. The manager provided assurance as regards the escalation process for when these records are not received; and the governance process for ensuring that statutory visits are occurring within timescales. Progress in this regard will be reviewed as part of future inspection activity.

Restrictive practice records were reviewed and identified that restrictions which were being implemented within the home were supported by a robust framework of recording which evidenced decision making and review. Actions that restricted young people had clear justification and were based on an assessment of risk, and evidenced that the restriction was proportionate.

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 three that were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Appendix 1, Standard 2 Stated: First time	The registered person shall ensure that personal medication records are checked and signed by two trained members of staff when they are written or updated to verify that they are accurate. Ref: 5.2
To be completed by: Immediate and ongoing (30 January 2024)	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.

<p>Area for improvement 2</p> <p>Ref: Appendix 1, Standard 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (30 January 2024)</p>	<p>The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded daily to ensure that medicines are stored appropriately.</p> <p>Ref: 5.2</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Appendix 1, Standard 1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (30 January 2024)</p>	<p>The registered person shall ensure that a written list of current prescribed medicines is obtained from the prescriber at or prior to admission for new young persons.</p> <p>Ref: 5.2</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2025</p>	<p>The registered person shall ensure that records are maintained which evidences the robust investigation of complaints. Records should reflect all communication with complainants or relevant others, with clear outcomes of the investigation, and any actions taken. The complaints process should support continuous learning and improvement within the service.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>These recommendations have been taken on board and as the registered person shall I shall ensure that they are implimented to ensure more reboust recording of the investiagtions of complaints in the future.</p> <p>Complaints will be reviewed monthly by the MMO and the Governance and Improvement lead for the service to ensure compliance with policy and procedures.</p>

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