

**Children's Home
Inspection Report
IN042983
11 January 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: – Western Health and Social Care Trust	Manager status: Registered Person in Charge During the Inspection: Manager
Size of home: Children's Home – can accommodate up to seven children	
Brief description of how the service operates: The children living in this home may have had adverse childhood experiences which has resulted in them requiring residential care. In addition, this home can look after children and young people with an intellectual disability. Children and young people will be referred to collectively as young people throughout the remainder of this report. Since the last inspection, the provider has submitted an application to RQIA to lower the age range of young people who can be accommodated in this home, and to reduce the number of young people living in the home.	

2.0 Inspection summary

An unannounced care inspection took place on 11 January 2024 between 9.30 am and 5.30 pm by a care inspector.

This inspection sought to assess the impact of the application to lower the age range, and reduce the number of young people in this home on the young peoples lived experience

Information submitted by the service to support the application included a revised Statement of Purpose (SOP) and service user guide. This information was used to inform the inspection process.

The inspection focus also included a review of, and confirmation that, progress had been made in relation to three areas for improvement identified at the last inspection and stated in the Quality Improvement Plan (QIP). Areas for improvement with respect to bedroom improvements, care staff, and domestic/catering staff training were met.

New areas for improvement were identified with regard to the maintenance of the physical environment, restrictive practice, engagement with young people, and handover procedures.

The inspector concluded there was safe, effective, and compassionate care delivered in the home, and the home was well led by the manager. The application to lower the age range, and reduce the number of young people who could be accommodated in this home was subsequently approved by RQIA.

The findings of this report will provide the management team with the necessary information to support further improvement in relation to staff practice and the young people's lived 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 met with the manager, three staff, and one young person during the course of the inspection.

Young people, carers/relatives and visitors also had the opportunity to provide feedback via a questionnaire. No completed questionnaires were received.

Several questionnaires were received post inspection from staff. All of the respondents were either satisfied or very satisfied that care delivered to the young people was compassionate. The majority of respondents expressed the view that care delivery was effective. Staff also considered the service to be well led.

Feedback from some staff provided a view that there were insufficient numbers of staff to meet the needs of the young people; and that the admission procedures were not effective. Review of relevant records and discussion with the manager confirmed staffing arrangements were satisfactory; and that there were effective pre-admission arrangements in place to assess if the service can meet the needs of young people referred for admission to the home. The pre-admission assessment takes into consideration and plans for any potential risks or impact when the number of young people living in the home changes.

Feedback from young people confirmed in their view that staff were supportive and helpful. They said that the food provided within the home was not to their liking or of the quality they expected. They also expressed the view that meetings between the young people and staff did not happen frequently enough and they did not have confidence that complaints would be dealt with to their satisfaction.

The inspector reviewed catering facilities and menu choice and was assured that the young people have access to healthy and nutritious meals in adequate quantities and at appropriate intervals. Complaints procedures were reviewed and further discussed in Section 5.2.4.

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 care inspection to this service was undertaken on 31 January 2023 by a care inspector. A medicines management inspection was completed on 20 March 2023.

Areas for improvement from the last inspection on 20 March 2023		
Action required to ensure compliance with The Children’s Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: 31 March 2023	The responsible person shall ensure actions are taken to repair and improve the identified bedroom and en suite. Any future or repeated damage must be addressed in a timely manner.	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) (2023)		Validation of compliance
Area for improvement 1 Ref: Standard 17 Stated: Second time	The registered person shall undertake a review of the staff training needs analysis and ensure that there is a programme of training that is consistent with the statement of purpose of the service and is tailored to	Met

To be completed by: 31 May 2023	the individual needs of the young people. Particular attention should be paid to safeguarding, TCI, deprivation of liberty, fire and IPC training. The training needs analysis must include an action plan that is responsive to the gaps identified in staff foundation and refresher training. The training plan should be submitted to RQIA with the returned QIP.	
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 31 March 2023	The responsible person shall ensure all staff, including domestic and catering staff complete safeguarding refresher training at least annually.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

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 care records were sampled. They clearly identified risk behaviours, the triggers for such behaviours and the strategies in place to reduce the risk of harm. Care plans were up to date with evidence of clear setting and review of therapeutic goals to improve the young people's lived experience.

Discussion with the manager and staff confirmed that appropriate measures were taken to restrict the access of young people to the staff office, confidential information, and storage rooms for medication and hazardous substances. These environmental restrictions were proportionate to the presenting levels of risk, compliant with data protection regulations, and necessary to safeguard the health, wellbeing and safety of both young people and staff.

Environmental restrictions were in place which prevented young people's free access to communal areas of the home at night. These restrictions were not supported by evidence of a robust risk assessment and review process. All restrictive practices used must be clearly assessed as proportionate to the presenting levels of risk and necessary to safeguard the health, wellbeing and safety of both young people and staff. Restrictions used should be for the shortest possible period and be subject of regular review. This was identified as an area for improvement.

Effective information sharing supports staff to make safe and effective day to day decisions on how care is delivered; whilst also providing evidence that robust planning is in place. Daily staff handovers were being routinely scheduled, however written handover records were not maintained, with verbal feedback provided by staff going off duty to incoming staff. The manager advised that the use of a written handover proforma was being considered. The current handover procedure should be reviewed to evaluate whether the current system ensures that all essential information is identified and shared. This was identified as an area for improvement.

It is important that governance arrangements are in place to ensure that staff are using a proportionate, consistent, fair and measured response to managing young people's behaviour. Review of behaviour management records confirmed clear records and management oversight of measures taken by staff to promote and encourage positive behaviour responses by the young people.

The manager advised that young people's meetings were regularly planned however records confirmed attendance at house meetings fluctuated. Staff often made use of smaller group or individual key work sessions to seek out and listen to the views of the young people. The service should review the current service user engagement model with young people to determine the best approach to ensure their needs, preferences and choices are regularly sought. This feedback should be used to monitor and evaluate their lived experience in the home in the most effective way. This was identified as an area for improvement.

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

Staff rotas were sampled in the period 8 January 2024 to 14 January 2024. The person in charge on each day was clearly identifiable on the rota and the planned staff were working on the day of inspection.

There was evidence of advance planning by the manager to ensure sufficient staffing and scheduling of regular staff handovers and team meetings. Discussion with the manager confirmed the reduction in the number of young people accommodated in the home would help ensure staffing arrangements are consistent with the young people's assessed needs. Additional support was available to the staff team through the use of experienced bank staff and a management on call system.

Staff that work with young people must be registered with the Northern Ireland Social Care Council (NISCC) who are responsible for setting standards for Social Workers and Social Care Workers for their conduct, training and practice. The system for monitoring NISCC registration requirements for staff was reviewed. The inspector was assured that effective governance systems were in place to monitor staff compliance and competence. This approach ensures staff supporting and caring for young people in this home are maintaining workforce standards

and undertaking professional training that promotes staff delivering safe and effective care at the right time.

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

Review of the premises found that it was appropriately equipped and sufficiently proportioned in size. The kitchen dinette area was spacious with two dining room tables available for young people and staff to share mealtimes together. Communal living room areas were well decorated, homely, and equipped with age appropriate equipment to meet the recreational needs of the young people. Young people's bedrooms viewed had been furnished and accessorised to reflect the tastes and preferences of the young people.

Inspection of the security measures in place identified the use of Close Circuit Television (CCTV) technology to ensure no unauthorised access to the home. CCTV coverage was limited to monitoring activity within the grounds and the front entrance of the home only. On the day of inspection an up to date CCTV policy was not available for review. It is recommended that a CCTV policy is made available to support staff in the safe implementation and use of surveillance cameras to protect all young people and staff.

It was noted that some maintenance work was required on the exterior of the building in relation to maintenance of pathways, removal of moss from the roof, and external painting. It is recommended that all identified repair work should be completed. Timely maintenance services must be responsive to the young people's right to live in a safe, and well maintained environment. This was identified as an area for improvement.

Sampling of fire safety records identified regular fire alarm testing, fire evacuations and annual fire risk assessments were regularly completed, reviewed and updated in accordance with the Trusts Fire Safety policy.

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

The Statement of Purpose (SOP) submitted to support the application to reduce the age range and number of young people in the home was reviewed. This provided assurance that the management and care arrangements being delivered by the service on the day of inspection was consistent with the SOP and intended registration. As outlined in the summary section of this report, the variation application was approved by RQIA following this inspection.

Review of incident reporting procedures and discussion with the manager provided assurance that safeguarding incidents previously reported to RQIA were being managed in an appropriate and timely manner.

Behaviour management records and discussion with the manager confirmed that there were governance systems in place to monitor the use of safety intervention techniques in the home. This involves staff sometimes physically intervening to keep young people safe. Discussion with staff confirmed they understood how trauma and adverse childhood experiences can influence how young people behave and interact with other young people and staff. They advocated a supportive response to behaviours that challenge using the least restrictive methods possible.

Sampling of complaints records demonstrated they are maintained securely. Complaints made by young people were clearly documented with their satisfaction levels and outcome of their complaint recorded. The collation of such information supports services to assess the overall effectiveness of the complaints process and if improvements implemented have achieved the intended outcome.

Sampling of team meeting minutes and discussions with staff confirmed team meetings occur regularly. Staff described staff meetings as offering a safe environment to express opinions and plan young people's care. This is good practice as it is essential that effective mechanisms are in place that provide opportunities for developing team cohesiveness, problem solving and consistency of approach in how care is delivered.

Regular high quality supervision contributes to staff's professional development and enables them to become competent and reflective practitioners. Feedback from staff confirmed supervision to be supportive, effective and of good quality.

A record to track staff supervisions that had been completed was not available for review. The manager said that staff received regular supervision in accordance with the provider's supervision policy. Advice was given that a supervision audit tool would support audit and review, and help identify and address any gaps in provision.

Sampling of training records provided on the day of inspection and post inspection confirmed that all staff have access to Safeguarding, Therapeutic Crisis Intervention, Deprivation of Liberty, Infection Protection and Control and Fire Safety Training. This ensures that staff are effectively supported to develop and maintain the skills and knowledge to protect, support and promote the health and safety of the young people in their care.

Staff spoken with on the day of inspection confirmed that they had attended training in the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC). This framework aims to promote consistency in approach to the care of children across children's services, that is underpinned by trauma informed practice and a rights based approach. Staff confirmed they understood and were knowledgeable about the importance of an integrated approach to therapeutic care planning to improve outcomes for 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 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	1	3

The total number of areas for improvement includes four new areas for improvement.

Areas for improvement and details of the Quality Improvement Plan were discussed with the registered 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 30 Stated: First time To be completed by: 11 April 2024	The registered person shall ensure that works required to the external environment are planned for and completed as required in a timely way. Particular attention should be given to perimeter pathways, moss removal and painting of external walls and doors. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Manager of the home has met with Managers in the Trust's Estates Department to plan for the above mentioned works to be completed. Estate Management have visited the home and assessed work needed completed. I as manager have been assured works on the paths will be completed now and the extensive painting of the exterior will be completed when weather conditions allow.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Children's Home Standards, April 2023	
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 11 January 2024	The registered person shall review all physical restrictions on normal movement within the home and ensure that each individual restriction is proportionate to the presenting levels of risk and necessary to safeguard the health, wellbeing and safety of both young people and staff. Restrictions imposed should be for the shortest possible period and be subject of regular review. Ref: 5.2.1

	<p>Response by registered person detailing the actions taken:</p> <p>Managers in the home have completed an audit of all restrictions to normal movement in the home. Areas which have ongoing restrictions such as storage for cleaning supplies and equipment or confidential file storage have been noted and a clear rational for ongoing restrictions noted. Alongside this a protocol for any temporary restrictions has been but in operation. This gives the time date and location of any temporary restriction along with a rational for its use.</p> <p>These systems have allowed for clear recording of any restrictions for the young people and gives information on rational and impact. This information gives the basis of better learning through review and reflection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: 11 March 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 home.</p> <p>Records should be maintained to evidence that these views are considered in decisions about improvements to the home and how care should be delivered.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Young people's participation in the home is a central issue not only within the home but within the residential service in the Western Trust. As discussed with the inspector we have found it difficult and at times counterproductive to have whole house young people's meetings. The managers of the home have reviewed the existing methods and tools to seek and act on the views, wishes and feelings of young people. These have been bolstered with new interventions to give a robust model of engagement.</p> <p>Firstly keyworkers regularly speak with and share their key children's views. We have now added a section to the keyworkers Monthly Overview of Care Plan to record this engagement and responses to areas of concern or requests. Likewise the Rec 5s from the Social Workers monthly visit will highlight these issues.</p> <p>The RESET team within the Trust carry out engagement work at an individual and group level. We have worked with Engagement workers and the RESET manager to highlight the</p>

	<p>importance of seeking views, wishes, and feelings of young people. The RESET team are implementing the LUNDY model of young people's participation which has young people's views on their care as a central aim.</p> <p>Regular team meetings will have young people's views on the agenda which will allow for discussion and a record of decisions.</p>
Area for improvement 4 Ref: Standard 17 Stated: First time To be completed by: 11 March 2024	<p>The registered person shall review the current handover procedures and determine the most effective system of sharing essential information that supports staff to make safe and effective day to day decisions on how care is delivered.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new pro forma has been developed for handovers in the home. This will allow for greater efficiency in information sharing and decision making.</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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care