



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN043192
18 December 2023

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
Size of home: Children's Home – can accommodate up to eight 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. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced care inspection took place on 18 December 2023 between 9.30 am and 5.30 pm by a care inspector.

The number of young people living in the home had exceeded the registered number since November 2023. An application to increase the number of beds available to accommodate young people was submitted retrospectively. This inspection sought to assess the impact of a change to the registration of this service to temporarily increase the number of young people living within the home.

Information submitted by the service to support the application to increase beds included a revised Statement of Purpose (SOP), a group impact risk assessment, and information with respect to proposed staffing arrangements. This was used to inform the inspection process.

The inspector found the home to be appropriately equipped, sufficiently proportioned in size and adequately staffed to accommodate the increase in the number of young people living in the home.

Progress had been made in relation to the four areas for improvement identified at the last inspection and stated in the Quality Improvement Plan (QIP). The areas for improvement with respect to medication regimens, kitchen and bedroom improvements, fire evacuation drills and young people's meetings were met.

New areas for improvement were identified with regard to management of records, Looked After Children (LAC) documentation and behaviour management records.

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 increase the number of beds was subsequently approved, having determined that robust arrangements in relation to staffing were in place and the environment was able to accommodate the increase in numbers of young people living in the home.

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/person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector met with the manager, deputy manager, three staff and one young person during the course of the inspection.

Young people, carers and professionals also had the opportunity to provide feedback via a questionnaire. One questionnaire was received post inspection from a parent/carer who expressed the view that care delivered was safe, staff were supportive, and young people were involved in decisions about their care.

Observation of the interaction between staff and the young people was positive and it was evident staff understood their care needs and how to provide the right care at the right time.

Staff spoke with warmth and compassion about the young people. Staff described their understanding that young people's behaviours that challenge can often be a symptom of accumulated childhood experiences; requiring a supportive response using the least restrictive methods possible.

Young people spoken with on the day of inspection, expressed the opinion that the food provided within the home was not to their liking or the quality they expected. They also described disruption experienced by the young people due to a recent admission to the home. 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.

The management team and staff spoken with reflected on the challenge presented by the increased numbers of young people in the home, for example meeting their complex needs whilst promoting their safety, health and wellbeing, in the least restrictive manner possible. Staff and the manager expressed the view that care delivered was safe and effective.

The manager described ongoing challenges caused by young people from other residential homes frequently visiting and remaining in the service for lengthy periods of time. This has disrupted group dynamics and created additional risk and care responsibilities however the respective care teams are managing this.

The manager expressed the view that through robust collaborative working between the different residential home care team's risks have been managed effectively. The Trust is currently exploring how best to safely support the increased mobility of young people across the range of residential homes in the Trust area.

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 24 November 2022 by a care inspector. A medicines management inspection was completed on the 13 October 2022.

Areas for improvement from the last inspection on 24 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 20 (1) Stated: First time To be completed by: 13 October 2022	<p>The registered person shall ensure that staff verify young people's medication regimens at/prior to admission by obtaining an up to date list of currently prescribed medicines from the prescriber. Any discrepancies between the list and the medicines supplied on the admission should be clarified with the prescriber.</p> <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>	Met
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Children's Home Standards January 2019		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: 24 April 2023	<p>The registered person shall complete the improvement plan to upgrade both the kitchen and children's bedrooms within the home. RQIA should be kept informed of on-going progress through the QIP return and monthly monitoring report.</p> <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>	Met
Area for improvement 2 Ref: Standard 22 Stated: First time To be completed by: 25 November 2022	<p>The registered person shall promote and maintain safe working practices by evidencing that on admission young people participate in fire evacuation drills, (as reflected within the minimum standards).</p> <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>	Met

Area for improvement 3 Ref: Standard 1 Stated: First time To be completed by: 24 December 2022	The registered person shall ensure the young people's meetings occur in keeping with the minimum standards and the current practice in this home (Monthly). Action taken as confirmed during the inspection: This area for improvement was met.	Met

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 admission procedures confirmed that there are effective arrangements in place to assess if the service can meet the needs of young people referred to the home, this takes into consideration and plans for any potential risks or impact when the number of young people living in the home changes. A group impact assessment had been completed prior to the most recent admission to the home and provided an overview of risks for individual children and for the group, with actions that aim to reduce or eliminate risk.

Young peoples' care plans and risk assessments were sampled. The care plans identified young people's needs, how to best support them and aimed to improve their lived experience. Risk assessments were up to date and provided clear strategies to help reduce the risk of harm.

Review of care records and discussion with the manager provided evidence that required social work visits to the young person and Looked after Children (LAC) review meetings were being routinely completed. However, the records of such meetings had not been received by the home within the prescribed timescales, and were not available for the young people to read. Delayed receipt of these records can impact on young people's views and opinions effectively informing care delivery, evaluation of the young person's outcomes and progressing future plans in a realistic and achievable manner.

This is an area for improvement. The registered person should ensure there is robust independent monitoring of ongoing effectiveness and compliance in this area.

Discussion with the manager, review of the physical environment, and sampling of records provided assurance that physical or environmental restrictions imposed were proportionate to the presenting levels of risk, necessary to safeguard the health, wellbeing and safety of both young people and staff. Clear records were also maintained by staff of any individual restrictive practices in place.

Handover records provided information to staff coming on duty. The records sampled were reflective of the young people's lived experiences and contained relevant and key information to support staff in day to day decision making. The inspector noted inconsistencies with respect to the signing and dating of handover records. This is an area for improvement.

It is recommended that the management team monitor future compliance to assure the recording practices are consistent with professional standards and NISCC codes of practice.

Review of behaviour management records confirmed clear records were maintained of measures taken by staff to promote and encourage positive behaviour responses by the young people. However, the extent of management oversight of this process was not evident. Robust governance arrangements should be implemented that effectively monitor staff are using a proportionate, consistent, fair and measured response to managing young people's behaviour. Arrangements should be consistent with Trust policies and procedures, regional guidance and best practice. This is an area for improvement.

The manager advised whilst young people's meetings were in place the young people's attendance fluctuates and the house meeting approach has not always represented the most effective way of regularly capturing young people's opinions on a range of care issues. Staff often use smaller group or individual key work sessions to seek and listen to the views of the young people.

It is recommended that the service review the current service user engagement model with parents, carers and young people and determine the best approach to ensure their needs preferences and choices are regularly sought and used to monitor and evaluate the effectiveness of care delivery.

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

Staff rotas were sampled in the period 17 November 2023 to 24 December 2023. The person in charge on each day was clearly identifiable on the rota and the planned arrangement was in place 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. Young people's care records and staff rotas sampled provided evidence the staffing arrangements were consistent with the young people's assessed needs, and the home's occupancy levels. The discussion with the manager and review of records provided further assurance that the management on call and staffing model was responsive to the current and changing needs of the young people using the service at any given time.

Professional registration, induction and competency records in relation to different staff roles, were reviewed. This provided evidence that effective governance systems were in place to monitor staff compliance and competence. This is good practice as robust induction and staff competency based assessment procedures ensure young people are supported by staff who can deliver 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 and living/recreational areas to accommodate the number of young people residing within the home.

An accumulation of moss and leaves was noted outside on a recreation area presenting a potential slip hazard. The manager advised that this area was currently unused by the young people. It is recommended that before usage resumes any overlying debris should be removed from the surface. Timely maintenance must be responsive to the young people's right to live in a safe, and well maintained environment.

The interior of the premises was well maintained and well decorated. Renovations of the kitchen had been completed to a high standard with a comfortable dining room area available for young people and staff to share mealtimes together. Young people's bedrooms had been refurbished with new furniture and flooring. The bedrooms viewed were accessorised to meet the tastes and preferences of the young people.

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

Review of training records demonstrated that all staff received competency based administration of medicines training, with a designated area and staff access to medicine policy guidelines promoting the safe storage and dispensing of medicines.

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

The inspector reviewed the current Statement of Purpose (SOP) and was assured the management arrangements, and care arrangements being delivered was consistent with the SOP and homes registration.

Review of incident reporting procedures and discussion with the manager provided assurance that notifiable incidents or events were being reported to RQIA in an appropriate and timely manner. Sampling of complaints records demonstrated they are maintained securely. Records sampled included confirmation of the complainant's satisfaction levels and outcome of their complaint. This is good practice as 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 in the period 22 November 2023 to 6 December 2023 demonstrated effective mechanisms are in place that provide opportunities for developing team cohesiveness, problem solving and consistency of approach in respect of how care is delivered. Feedback from staff confirmed supervision to be supportive, effective and of good quality. Regular high quality supervision will contribute to staff's professional development and enable them to become competent and reflective practitioners.

Sampling of training records confirmed that staff have access to both mandatory and specialist training. A training audit tool and a training plan was in place which supported staff to complete mandatory training within the prescribed frequency. The training matrix provided evidence staff are being 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.

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

The total number of areas for improvement includes three 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	
The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 18 December 2023	The registered person shall review the handover process and ensure records are signed, dated and are maintained in line with professional standards and NISCC codes of practice. Ref: 5.2.1 Response by registered person detailing the actions taken: The Team Leader has amended the current handover document to ensure that staff record the full name of the responsible person and the date the record was completed. Regular governance audits will be completed by the Team Leader/Deputy Team Leader to ensure compliance.
Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 7 April 2024	The registered person shall ensure that robust and effective escalation arrangements are in place to follow up on outstanding Looked After Child (LAC) review meeting minutes and records of statutory visits. Ref: 5.2.1 Response by registered person detailing the actions taken: The registered person & service adopts the following approach: When the above records are not received within the expected time frames after the meeting/visit has taken place, the keyworker will request copies of these records from the allocated social worker via email.

	<p>This request will be sent a second time if not received, after which this is escalated to the Team Leader/Deputy Team Leader.</p> <p>The Team Leader/Deputy Team Leader will escalate this in writing to the Senior Social Worker. If the records remain outstanding this will be escalated to the Residential Principal Social Worker.</p> <p>The Principal Social Worker will write to the Safeguarding Principal Social Worker to request the outstanding documentation.</p> <p>In addition statutory documentation delays are reported monthly by the management team to the residential manager's governance meeting. This is escalated to the 8a/ 8b Governance meeting monthly. These delays are addressed through Safeguarding/ Residential interface meetings by the Head of Service.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2023</p>	<p>The registered person shall ensure that there is effective managerial oversight of behaviour management records to ensure a proportionate, consistent, fair and measured response to managing young people's behaviour in keeping with Trust policies and procedures, regional guidance and best practice.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Team Leader has amended the current behaviour management record to include a manager comment and signature section to ensure effective managerial oversight of behaviour management practice within the home.</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
Twitter @RQIANews