



The Regulation and  
Quality Improvement  
Authority

**Children's Home Inspection Report**  
**IN042972**  
**23 October 2024**

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

## 1.0 Service information

<b>Service Type:</b> Children's Home  <b>Provider Type:</b> Health and Social Care Trust  <b>Located within:</b> – Belfast Health and Social Care Trust	<b>Manager status:</b> Registered
<b>Brief description of how the service operates:</b> 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 23 October 2024 between 9.15 a.m. and 5.30 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.

All areas for improvement identified at the last care inspection were assessed as met. These were in relation to the environment, reportable incidents, staff training and young people's meetings.

Two areas for improvement related to medicines management were not assessed as part of this inspection and will be carried forward to the next inspection. Two new areas for improvement were identified in relation to restrictive practices, and the statement of purpose and registration of the service.

The inspection process identified that the home was providing care for young people with needs which were outside of the home's registration. The manager was advised to submit an application to RQIA to vary the registration of the service; in order to return to compliance with its registration. At the time of writing this report, no variation application has been received by RQIA. This was escalated to the senior manager and assurance provided that an application to vary the registration would be submitted to RQIA without further delay.

### 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, staff, relatives/carers and visiting professionals during inspection.

Feedback from young people was generally positive regarding the quality of relationships with staff and they reported that staff were approachable, attentive and engaged young people in activities.

Young people raised issues regarding Wi-Fi and transport arrangements. The inspector received assurances that there were adequate arrangements in place within the home with respect to these matters, that the manager was cited on the issues raised by young people and that the manager would ensure engagement with young people through Young People's Meetings or through meeting individually with young people to help better understand their dissatisfaction and resolve these issues.

Through engagement with young people, information shared with the inspector was escalated to the manager for urgent action. The manager provided assurance that appropriate action was taken in response, in line with the relevant safeguarding policy and procedures.

Feedback from relatives/carers reported satisfaction with the quality of care provided to young people within the home, noting good communication and positive relationships between staff and families.

Staff feedback was positive regarding their roles, management support, and the quality of relationships and care provided to the young people. Staff reported varying approaches to care within the team, leading to different strategies for supporting young people. The manager acknowledged these concerns and has facilitated discussions aimed at fostering a shared understanding of the home's ethos. Additionally, staff have been encouraged to express their individual perspectives in a professional manner. This is discussed in further detail in section 5.2.

Visiting professionals highlighted good relationships and effective communication between the staff and external professionals. They described that the staff were dedicated to the young people and were proactive in providing support.

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 15 November 2023		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1) & (2)(c)(e)  <b>Stated:</b> Second time	The registered person shall submit an action plan with this QIP that assures actions will be taken to ensure the home provides a comfortable, homely environment and is well maintained and decorated. The action plan should address the dining room area, the living room area and the upkeep and maintenance throughout the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time	<p>The registered person shall review the arrangements in place to ensure reportable incidents are received by RQIA in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> First time	<p>The registered person shall ensure that medicines requiring cold storage are stored at the manufacturers' recommended temperature (2°C – 8°C).</p> <p>The maximum, minimum and current refrigerator temperature should be recorded each day and the thermometer then reset.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> First time	<p>The registered person shall ensure that staff verify each young person's medication regimens at/prior to admission. Any discrepancies between this list and the medicines supplied on admission should be clarified with the prescriber.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with Minimum Standards for Children's Homes (Department of Health) 2023</b>		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time	<p>The registered person shall ensure an action plan is submitted with this QIP and immediate action is taken that ensures the grounds are kept tidy, free from hazards and suitable for young people to use for recreational purposes.</p>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 17.11  <b>Stated:</b> First time	The registered person shall ensure that robust governance is in place to evidence that staff are equipped with the skills and training required to meet the needs of the young people, in line with the home's training needs analysis. This should include all staff who are working in the home; including bank and agency staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time	The registered person shall ensure that evidence is maintained that young people's views, wishes and feelings are regularly and frequently sought by staff in relation to the running of the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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?

Care documentation was available to support and guide staff in their care of the young people. The records sampled included, risk assessments and individual crisis support plans (ICSPs). They were up to date, frequently reviewed and reflective of the current risks and needs of the young people.



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 and young people, 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.

The manager was aware however that there were varying approaches within the staff team with respect to the approach to caring for young people.

Young people thrive when they experience predictable, stable and consistent care; and the manager provided assurance there was a robust plan in place to drive forward consistency and to ensure there was a shared understanding of the ethos of the service amongst the staff team. Progress in this area will be monitored during future inspection activity.

Team meeting minutes confirmed that team meetings were held on a regular basis and were well attended. Bringing staff together on a regular basis is essential for maintaining good communication, and will support the manager to develop the shared vision and will further help to inform the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.

Young people's meetings occurred regularly and were facilitated by staff in the home and independent advocates for young people in care. The 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. Promoting young people's involvement and active participation in these meetings supported the young people to influence the way they were cared for and reinforced that their views and opinions mattered.

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

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.

Training records provided assurance 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 How does the service ensure that the home environment meets the needs of the young people?**

Progress had been made since the last inspection to address areas for improvement with respect to providing a homely environment for the young people. Internally, the home was well maintained and presented as a comfortable, welcoming space. Young people's rooms had been decorated to reflect their individual interests, this approach supported young people to have ownership over their own spaces. Improvements had also been made to the external environment, to ensure it was a useful space for young people to spend recreational time.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. The fire risk assessment was up to date and additional evidence submitted post inspection provided the necessary assurance that 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?

Complaints records evidenced good governance arrangements were in place and that there was a robust approach to the investigation of complaints. Where concerns had been identified, the service had undertaken internal investigations of incidents. Records provided assurance that these investigations were thorough and comprehensive, with clear outcomes and findings to support continuous learning and improvement within the home.

Restrictive practice records identified that certain restrictions which were being implemented within the home were not supported by a robust framework of recording, which evidenced decision making and review. Actions that restrict young people need to have clear justification and be based on an assessment of risk, which evidences that the restriction is needed and proportionate. The restriction should be regularly reviewed by a multi-disciplinary team and informed by consideration of young people's rights. An area for improvement was identified.

The service had been included in a pilot project whereby residential social work staff assumed statutory case responsibility for young people in the home. It was positive to note that the young people continued to have access to visits by an independent social worker; which are integral to promoting young people's safety and wellbeing. These visits aimed to assess the quality of care the young people were receiving, and ensure that the young people's needs were being met in accordance with their care plan.

### 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	0

\* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (9 February 2023)	The registered person shall ensure that medicines requiring cold storage are stored at the manufacturers' recommended temperature (2°C – 8°C).  The maximum, minimum and current refrigerator temperature should be recorded each day and the thermometer then reset.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (9 February 2023)	The registered person shall ensure that staff verify each young person's medication regimens at/prior to admission. Any discrepancies between this list and the medicines supplied on admission should be clarified with the prescriber.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 5  <b>Stated:</b> First time  <b>To be completed by:</b> 22 November 2024	The registered person shall ensure that an application to vary the registration of this service must be submitted to RQIA without further delay. This application must be accompanied by an updated Statement of Purpose and Service User Guide which clearly describes the needs of children and young people that can be met in this service.  Ref: 2.0
	<b>Response by registered person detailing the actions taken:</b> A variation request has been submitted by management accompanied by the homes updated Statement of Purpose and Service user Guide, which is specific to the particular needs of the young people in the home.

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 16  <b>Stated:</b> First time  <b>To be completed by:</b> 18 December 2024	<p>The registered person shall ensure that actions that restrict young people should have clear justification based on a robust assessment of risk; with clear evidence that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and has been agreed with the multi-disciplinary team, the young person and relevant others. A robust review mechanism is also required which considers the effectiveness and impact of the restrictive practice.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An updated restrictive practice form is now in place which outlines the nature of the restrictive practice in the home. This will be audited by the Home management team on a monthly basis and will include the date the restrictions were agreed, the date of review and include who in the multi-disciplinary team are involved in the decision making process.</p> <p>All restrictive practices will be subject to monitoring and will only remain in place for as long as is necessary. A monthly audit and review is now in place in the home completed by management team.</p>

***\*Please ensure this document is completed in full and returned via the Web Portal\****



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