



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN042989
22 May 2024

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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
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 inspection took place on 22 May 2024 between 9.15 a.m. and 5.00 p.m. The inspection was conducted by two care inspectors.

The inspection assessed progress with all areas for improvement identified during the previous care and pharmacy inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Two areas for improvement from the last care inspection were met. These were in relation to safe recruitment processes and access to Leaving and Aftercare services. An area for improvement was identified for a second time with regard to medicines management.

New areas for improvement were identified with regard to group impact risk assessments, handover records and staff training.

Discussions with management team and staff confirmed their commitment to the young people, they were working to promote positive behaviours and evidenced high levels of motivation to invest in their relationships with the young people. Staff actions reinforced with young people that they are cared for, valued and listened to.

The findings of this report will provide the manager with the necessary information to improve staff practice and 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, 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 the 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 and deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors met with young people, the manager, deputy manager and staff during the course of the inspection.

No feedback was received by RQIA via questionnaires or electronic survey post inspection.

Discussions with young people identified some areas of dissatisfaction, which were shared with the manager on the same day. The manager agreed to address the specific issues raised by the young people and ensure that a satisfactory resolution was reached.

Observations on the day of inspection provided evidence that staff and young people communicated easily and freely together. Staff were responsive to the young people and were interested in how they were and what they had to say.

Discussions with staff confirmed that the leadership style of the management team has supported and enabled them to remain resilient and focused on their role of supporting the young people. Staff described access to effective formal and informal supports and reflected positively regarding the open door culture established by the management team. They were confident that any concerns or suggestions made would be listened to and dealt with appropriately.

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 service was undertaken on 20 October 2023 by a pharmacy inspector; one area for improvement was identified with regard medicines management.

A care inspection was previously undertaken on 16 June 2023; two areas for improvement were identified.

Areas for improvement from the last inspection on 20 October 2023		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 25 Stated: First time To be completed by: 11 August 2023	The responsible person shall ensure there is evidence available to verify that any staff member employed in the home have been subject to robust safe recruitment practices. This evidence should be available to review on inspection.	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 14 Stated: First time To be completed by: 28 July 2023	The responsible person shall ensure that robust escalation arrangements are in place to ensure young people's access to Leaving and Aftercare services is consistent with legislative requirements, the young people's individual needs and abilities, and within agreed timescales.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Appendix 1, Standard 2</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection (20 October 2023)</p>	<p>The responsible person shall ensure that medicine related records; including personal medication records and medicine administration records are fully and accurately completed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of medicine related records identified that they were not fully and accurately completed. The manager was advised to review the effectiveness of the medication audits given that insufficient progress has been made with this area for improvement.</p> <p>This area for improvement has been identified for a second time.</p>	<p>Not met</p>
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5.2 Inspection findings

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

Discussions with the management team, staff and young people identified that the home had recently experienced a challenging time as a consequence of young people engaging in high risk behaviours.

The manager described actions which were taken to address the group dynamics within the home. The actions were considerate of the individual needs of the young people and have supported the re-establishment of a more settled home environment.

The inspectors recommended that there is a look back exercise undertaken by the staff working in this service; in collaboration with the multi-disciplinary team and senior management aligned to this service, to determine if there is any learning that can be implemented from the recent challenges they have experienced.

The service should also ensure that there is a robust matching process that is followed when planning the admission of a young person to the home in the future. A format for recording the matching process should be developed that should include; the reasons for decisions which are made taking into account the needs of the group of young people currently placed in the service; and any current staffing or management issues. The record should include an impact assessment which clearly records the potential risk and benefits for all young people affected by the potential placement. This will enable the service to identify if the placement is appropriate and/or any mitigating actions that need to be implemented to support positive outcomes for all the young people. An area for improvement was identified.

It is essential that staff share responsibility for the young people's day to day care; this includes supporting the young people with their normal routines and activities and also promoting their safety, health and wellbeing especially during times they are in crisis. Discussions with the management team and staff confirmed they are a cohesive team who work together effectively, to provide continuity of care and they proactively plan each shift to meet the needs of the young people. However, review of a sample of handover records did not adequately reflect this cohesive approach. An area for improvement was identified.

The management team described their plans to re-establish young people's meetings, to ensure the voice of the young people are heard and used to shape the delivery of care. This will support a culture within the home that is young person centred and encourages and maximises the participation of the young people in every aspect of decision making about their care, welfare and environment.

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

The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced staffing levels were consistent with the levels described; and are reviewed on an ongoing basis to ensure they remain consistent with the needs of the group of young people in the home. Responsive staffing arrangements are essential to; safeguard and promote the health and wellbeing of the young people and adhere to safety plans.

The management team convene monthly team meetings and provide regular staff supervision. 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.

The inspectors identified gaps in staff training across a number of areas. The inspectors also identified that the frequency of safeguarding training is not consistent with the Children's Home Minimum Standards (2023), which requires all staff to complete annual safeguarding refresher training. There was not necessary assurance available that there were robust governance arrangements in place to monitor and review compliance with staff training and ensure that the implementation of responsive training plans was effective. Gaps in staff training have the potential to impact upon the delivery of quality care. An area for improvement was identified.

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

Discussions with the management team evidenced that they recognised the importance of maintaining a homely and safe environment for the benefit of the young people. This gives a strong message to the young people that they matter.

Environmental damage, whilst visible was being addressed. Progress with this will be monitored via monthly monitoring reports and future inspection activity. Monthly Monitoring reports are provided in accordance with schedule 6 of The Children's Homes Regulations (Northern Ireland) 2005. The report provides a review of the overall quality of the care provided within the home by the care provider.

Evidence was available that staff had responded effectively to risks relating to fire safety. Review of a sample of fire safety records confirmed that there were effective systems in place for staff to undertake weekly and monthly fire safety checks. The inspectors advised the manager to ensure fire drill evacuation records were improved which evidence that all staff have the opportunity to take part, that follow up actions are identified and progressed, as appropriate. The manager agreed to address this. RQIA estates inspection team were also engaging with the manager to seek assurances that additional fire safety controls are compliant with best practice.

Discussions with staff and the management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led; the use of restrictive practices are considered by staff to be a last resort and implemented only when necessary and in proportion to the risk of harm if no action is taken.

The only restrictions implemented were environmental. Young people had restricted access to the staff office, staff bedrooms, confidential information, and storage rooms for medication and hazardous substances. The inspector was assured that these 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. Advice was provided to the manager to ensure records were in place to evidence collaborative decision making and review arrangements in regard to the restrictive practices.

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 one that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and deputy 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: Second time To be completed by: Ongoing from the date of inspection (22 May 2024)	<p>The responsible person shall ensure that medicine related records; including personal medication records and medicine administration records are fully and accurately completed.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff shall complete and sign Medication and Awareness Training, this shall be brought to a Staff Team Meeting and through Supervision. Monthly auditing of the medication file shall be carried out and any issues will be highlighted to management to address.</p>
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: 19 June 2024	<p>The responsible person shall ensure that handover records are sufficiently improved to:</p> <ul style="list-style-type: none"> - identify who provided the handover and who received it - reflect proactive planning, day to day risk management arrangements and a co-ordinated approach to meeting the needs of the young people for the day ahead. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A revised Daily Handover Sheet has been completed to reflect the above improvements and is now being used by staff.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2024</p>	<p>The registered person shall ensure that the admissions process is reviewed and improved where necessary. Evidence should be available for inspection to show placement decision making and the matching process gives due consideration to:</p> <ul style="list-style-type: none"> • the age range and group composition of the young person presented for placement and young people in the home • the physical, social and emotional wellbeing of the young person presented for placement and the group already resident within the service • the potential impact upon the safety and wellbeing on all the young people if a new young person is introduced • actions that aim to reduce or eliminate risks and manage safeguarding needs of all individuals if the placement proceeds • a clear understanding of the young person presented for placement and the capacity of the service to safely, and effectively meet their needs alongside the needs of young people living in the home. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An Impact Analysis will be completed for all potential new residents being presented for a possible admission to the children's home prior to admission, this will take into account all of the above considerations and shall be evidenced to reflect the outcomes of these considerations.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2024</p>	<p>The registered person shall improve the governance arrangements in place to monitor and review compliance with staff training and ensure evidence of the implementation of responsive training plans to address staff training needs is in place and monitored.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Management will ensure that all staff are compliant with their Mandatory Training through the governance of the supervision process, management will also liaise with the training team to address any staff training needs and ensure that this is monitored, recorded and reflected in staff training records. A</p>

	Training Matrix is being developed which will provide a more cohesive mechanism to identify any training gaps which will then inform future training plans
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