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## 1.0 Service information

Service Type: Manager status:

Children's Home Not registered-application submitted

**Provider Type:** 

Health and Social Care Trust

Located within: -

South Eastern Health and Social Care Trust

## 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 19 June 2024 between 10 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.

The inspection found that two areas for improvement were met, in relation to staff training and complaints governance. No new areas for improvement were identified.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manger.

## 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.

Feedback from staff provided a positive view regarding support from management, staffing, team morale and risk management arrangements.

Feedback from young people indicated the presence of good relationships between young people and staff; and that they perceived staff as being supportive.

Young people raised issues in relation to the food and the responsiveness of management when issues have been raised at young people's meetings. These matters were discussed with the manager. Evidence and assurances were provided which provided assurance that the manager was already aware of these matters and robust action had been taken to improve young peoples lived experience in this home.

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 12 January 2024			
Action required to ensure compliance with the Department of Health,		Validation of	
Social Services and Public Safety (DHSSPS) Minimum Standards for compliance			
Children's Homes (2023)			
Area for improvement 1	The registered person shall ensure that bank		
•	and waking night staff are equipped with the	Mat	
Ref: Standard 17.11	skills and training required to meet the needs	Met	
	of the young people; particularly in relation to		
Stated: First time	Safeguarding, CSE and Complaints training.		

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2  Ref: Standard 21.12  Stated: First time	The registered person shall ensure that robust governance arrangements are in place with respect to complaints; management oversight should be evidenced through the signing and dating of complaints records.	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 sampled demonstrated a good understanding of the young people's individual needs. The records provided evidence that staff and the manager were proactive and responsive to known and emerging risks to the young people's safety and wellbeing. Clear strategies and safety plans were implemented to reduce the risk of harm and effective communication was maintained with relevant others as necessary.

The records sampled were up to date, frequently reviewed, reflective of the current risks and provided clear guidance to staff providing direct care to the young people. 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. Discussions with staff and review of records provided assurance that the staff team were committed to engaging with the young people in their care in a therapeutic manner. Staff had the necessary information available to them to deliver safe and effective care.

The recording of consequences and rewards for young people within the home was consistently recorded however, some consequences used were found to be unrelated to the identified behaviour. This raised concerns regarding the use of consequences, in terms of their effectiveness, therapeutic benefit and learning which could be derived from them. Additional evidence submitted post inspection identified that this issue had already been recognised and addressed by the manager and that robust measures were put in place to ensure management oversight and audit of the use of consequences. This approach should increase staff's effectiveness when supporting young people to understand consequences and outcomes of behaviour.

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

Sampling of the previous month's 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.

Inspection of evidence reviewed during and post inspection identified that all staff had access to regular supervision. Learning from previous serious adverse incidents had been embedded into staffs daily practice and decision making resulting in the strengthening the support for night staff, including regular supervision, group supervision and improved communication between day and night staff.

Training records provided assurance that robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in areas such as safeguarding, CSE and complaints training. Discussion with staff and the records assured that staff had a high level of compliance with mandatory training and undertook additional training which was relevant to their role and the needs of the young people.

Sampling of induction records during and post inspection confirmed that the home had a robust competency based induction process with new staff. Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the young people in the home. A robust induction process not only benefits newer members of staff with integrating into their role, but also helps to promote a consistent approach in relation to daily practices within the home.

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

Sampling of complaints confirmed that there was a robust complaints process in place within the home. The complaints sampled provided assurance there is a robust investigation, governance and management oversight approach used and the views of the complainant were sought to ascertain their satisfaction with the outcome of the complaint.

Inspection of evidence provided assurances that there were robust mechanisms within the service for agreeing and reviewing restrictive practices. Sampling of restrictive practice records evidenced that restrictions which were in place within the home, were supported by a robust multi-disciplinary risk assessment which evidenced when it is necessary to implement a restrictive practice and is proportionate to safeguard the health and well-being of the young people. Restrictive practice decisions were also reviewed frequently to ensure the least restrictive practice option is being used by staff.

Sampling of team meeting minutes identified that staff were provided with regular opportunities to meet together as a group. Staff discussed the strategies agreed to support young people, and reflected upon what is working well and what could be done differently. Regular team meetings, coupled with access to supervision and support from managers was supporting the learning culture within this home. This is essential to ensuring the effectiveness of the team and consistency of care provided to the young people.

Engagement with a Trust senior manager post inspection confirmed that serious incidents had been reviewed, investigated and action taken where necessary.

## 6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.

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





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