



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN043015
23 January 2025

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: Not 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. The home has a condition on its registration to enable it to accommodate a limited number of children who have been assessed as intellectual needs/ disability and in need of medium to long term residential care.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2025 between 10 a.m. and 4 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 five areas for improvement identified at the last care inspection were met. These were in relation to the environment; fire safety; staff induction; complaints; and handover records.

Two new areas for improvement were identified, regarding transport arrangements and the fire risk assessment.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manager. The findings of this report will provide the manager with the necessary information to improve staff practice and young people's 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 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 on the day of inspection.

Feedback from young people provided a positive view regarding the relationships between young people and staff. They reported that staff were approachable, attentive and engaged young people in activities. Young people reported that the home was comfortable, that they had opportunity to personalise their living spaces, exercise their choices, and that their views were considered and contributed towards the running of the home. Young people did, however, report challenging dynamics between peers. The inspector received assurance that the manager was cited on the concerns, robust plans were in place in response to identified risks and that the concerns raised were being progressed through the providers complaints process and other safeguarding processes as appropriate.

Feedback from staff confirmed there was good support available from the management team, who were described as approachable and attentive. Staff reported that the care provided to young people was person centred and compassionate. Morale was high amongst the staff team, and they described a settled and experienced staff team who support each other.

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 October 2023		
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 11 Stated: First time To be completed by: 12 February 2024	The registered person shall ensure that the maintenance of the home is responsive to the immediate requirements of the home and that damage, however minor, is repaired quickly with specific reference to: <ul style="list-style-type: none"> • Several bedroom windows require repair or replacement. • Moss accumulating on the roof of the home requires removal Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 Ref: Standard 11 Stated: First time To be completed by: 12 November 2023	The registered person shall promote and maintain safe and effective working practices by ensuring that the all actions highlighted with the annual Fire Risk Assessment plan are completed, signed and dated by the manager Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 3 Ref: Standard 17 Stated: First time To be completed by: 12 December 2023	<p>The registered person shall ensure that all staff who assume the role of person in charge of the home are assessed as being suitably qualified, competent, and sufficiently experienced and supported to manage this responsibility.</p> <p>Ref: 5.2.1</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	Met
Area for improvement 4 Ref: Standard 21 Stated: First time To be completed by: 12 November 2023	<p>The registered person shall ensure that young people are able to and are encouraged to sign the complaint record to indicate their satisfaction or otherwise with the management and outcome of the complaint.</p> <p>Ref: 5.2.4</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	
Area for improvement 5 Ref: Standard 18 Stated: First time To be completed by: 12 October 2023	<p>The registered person shall ensure that handover records should consistently be signed and dated and maintained in line with professional standards and in accordance with NISCC codes of practice.</p> <p>Ref: 5.2.2</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	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 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 promotes their safety and wellbeing.

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments and Individual Crisis Support Plans (ICSP). Evidence was available that these records were regularly reviewed and updated and reflective of the current risks and needs of the young people.

Young people's meetings occurred monthly and were facilitated by staff in the home. 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 is essential for supporting young people to influence the way they are cared for and reinforce that their views and opinions matter.

Review of records and discussions with management confirmed that prior to any new admission to the home the decision was informed by a comprehensive assessment of the young people's needs and wishes. New admissions to the home were accurately matched to what the home could offer and to the dynamics within the home. The needs of the young people who were already living in the home were considered and there was a focus on minimising any disruption. New admissions to the home were completed in a planned way and introductory visits to the home took place prior to moving in.

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

Young people thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships. 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. There was a consistent and experienced staff team available to the young people. Responsive staffing arrangements were also evident and are essential to safeguard and promote the health and wellbeing of the young people and ensure adherence to safety plans.

A robust induction process was in place for new members of staff joining the team. 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 will not only benefit newer members of staff with integrating into their role, but it will also help promote a consistent approach in relation to daily practices within the home.

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

The home was nicely decorated and presented as a comfortable, homely space for young people to live; with plants and soft furnishings being utilised to create a welcoming environment. Young people's bedrooms were being redecorated in line with their wishes and feelings at the time of inspection. A well maintained and welcoming outdoor space was also available to the young people.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. However, the fire risk assessment on file was out of date; the manager provided assurance that this had been escalated to the fire officer. An assessment of fire precautions should be undertaken yearly or more often, if required. Any required improvement works or changes to fire procedures should then be carried out. Evidence of this should be maintained and be available for inspection. This has been identified as an area for improvement.

Discussion with young people and staff identified that the service did not have adequate transport arrangements in place on the day of inspection. The home's vehicle was not available and a replacement vehicle had not been provided. This had the potential to impact on the ability of staff to respond to an emergency situation in a timely manner to ensure safety, or to transport young people to education, appointments or leisure activities for example. An area for improvement was identified.

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

Team meetings occurred on a regular basis; they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people. 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.

Sampling of complaints records evidenced good governance, robust investigation and feedback being sought from complainants as part of the complaints process. This is good practice and supports the home to reflect upon what is working well, what could be improved and supports continuous learning and improvement within the service.

Handover records are a key communication tool between staff members across shifts to ensure that important information about each child is shared effectively. Review of records and discussion with staff provided assurance that handovers were contributing positively towards the quality and consistency of care provided to young people.

The manager had returned to the service following a period of absence, and therefore the acting management arrangement notified to RQIA was no longer in operation on the day of inspection. Advice was given to the management team to ensure that this change was notified to RQIA in line with The Children's Home Regulations (Northern Ireland) 2005.

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	1

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	
Area for improvement 1 Ref: Regulation 31 Stated: First time To be completed by: 20 February 2025	The responsible person shall ensure that the service has a current fire risk assessment in place and maintain evidence that the actions arising as a result of the assessment are actioned. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Person has contacted the WHSCT Fire Safety Officer and requested that a Fire Risk Assessment of the home is undertaken as soon as possible. A date is yet to be provided, progress on this will be reviewed through the Monthly Monitoring process.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 6 March 2025	The registered person shall ensure a review of the transport arrangements is carried out to assess the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the young people, and the service. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Person has reviewed the transport needs of the home and a Business Plan for a second house car has been made. The Registered Person is awaiting a formal response, progress on this matter will be reviewed through the Monthly Monitoring process.

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



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