



The Regulation and
Quality Improvement
Authority

Nursing Home Inspection Report
IN042967
5 September 2024

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

1.0 Service information

Service Type: Nursing Home Provider Type: Health and Social Care Trust Located within: Belfast	Manager status: Registered
Brief description of how the service operates: The home offers short breaks care to children and young people with complex learning/physical disabilities and health care needs who require nursing interventions. Children and young people will be referred to collectively as young people throughout the remainder of this report. Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service to reduce the number of beds. This variation was under review at the time of writing the report.	

2.0 Inspection summary

An unannounced inspection took place on 5 September 2024 between 9.00a.m. and 4.30p.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 were assessed as met.

The inspection findings confirmed there was safe, effective and compassionate care delivered by the staff team in the service and the home was well led by the management team.

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 the 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

No young people were present on the day of inspection. The inspector spoke with staff. Feedback provided a positive view regarding the leadership and management arrangements within the service. Staff confirmed good working relationships and that management were approachable and responsive. Staff fully understood their role and responsibilities in relation to safeguarding and child protection, and recording and reporting any concerns. Staff confirmed they had access to a competency based induction, supervision and regular team meetings. All staff presented as person centred within their approach and described an experienced and skilled team.

Questionnaires were received post inspection from staff. The responses confirmed that they were very satisfied with the service and the quality of care delivered by the staff team. Positive feedback was provided with respect to the leadership and management arrangements within the home, the quality of care afforded to young people, and the approach from staff to ensure young people are treated with compassion and respect.

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 31 October 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (d) (v) Stated: First time	The registered person shall ensure that weekly fire safety checks are completed and recorded in accordance with the service policy and procedure.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Regulation 19 Stated: First time	The registered person shall ensure records evidence decision making regarding young people's capacity to consent to any aspect of care and support plans, including restrictive practices. Robust processes and escalation arrangements must be in place for accessing, recording, and maintaining information with regards to any restrictive practice which may amount to a Deprivation of Liberty as defined within The Mental Capacity Act (NI) 2016.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that young people's care records evidence any restrictive practices implemented are <ul style="list-style-type: none"> assessed as necessary and proportionate to the need/risk identified the least restrictive option agreed in consultation with relevant others includes a robust, timely review mechanism. 	Met

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure the training requirements for staff are reviewed and ensure that staff have access to Learning Disability training aligned to their roles and responsibilities. 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 that the home environment meets the needs of the young people?

A comfortable, well furnished, welcoming and homely environment gives a strong message to young people that they matter. On arrival to the home a warm and welcoming environment was observed. Attention to detail was observed throughout the home, with homely touches throughout. Ample indoor and outdoor space was available to provide the young people with physical and sensory stimulation. Suitable spaces were also available for the young people to relax.

There were no obvious hazards to the health and safety of young people, visitors or staff, including those with sensory impairments. An up to date fire risk assessment was in place and was reviewed annually. Personal emergency evacuation plans are in place for all young people who are provided with a short break.

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

Sampling of the young people's records confirmed individual assessment and care plans were in place for each young person. Records reviewed were detailed and guided staff to provide person centred care and support. The records were up to date and provided clear strategies to help reduce the risk of potential harm. Any restrictive practice in place was assessed as necessary and proportionate to the need/risk identified, was the least restrictive option and was agreed with the parents and with a multi-disciplinary team as appropriate. Records of the decision making process was maintained and regularly reviewed.

All records were stored safely and securely in line with legislative requirements and regional guidance for records management.

Effective communication systems and processes were further in place in relation to each young person and evidenced partnership working and ensured a robust handover of each young person prior to availing of a short break.

The Mental Capacity Act (NI) 2016 promotes and safeguards decision making within a legal framework for young people over the age of 16. Documentation reviewed confirmed systems were in place to evidence that Deprivation of Liberty Safeguards (DoLS) were managed and reviewed in line with regional procedure/policy. Records reviewed confirmed that all relevant documentation was held on file for each young person and consultation had taken place with the respective health and social care trust.

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

The manager described safe and effective staffing levels. Systems were in place to ensure the home has the right number of staff with the right skills and experience working at all times. Staff have time to provide care and support with compassion, and to spend meaningful time with the individual young people. Staff were clear about their roles and were deployed effectively when on shift. Sample staff rotas reviewed confirmed 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 young people in the home.

A record of staff training was maintained and was reviewed. The training records in place confirmed that staff receive suitable training to enable them to fulfil their role, and to ensure the young people get the right care for them and are kept safe. Training which is deemed as mandatory is determined by legislation and the home's management team in accordance with the care they provide.

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 manager as part of the inspection process and can be found in the main body of the report.



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