



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: - Belfast Health and Social Care Trust area

Manager status:

Not registered - application submitted

Brief description of how the service operates:

The children and young people living in this home have been assessed as having intellectual disability and in need of medium to long term 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 announced inspection took place on 19 August 2024 between 9.10 a.m. and 2.30pm. The inspection was conducted by a care inspector.

Two Failure to Comply (FTC) Notices were issued on 17 May 2024 following concerns identified by RQIA during an unannounced care inspection of this service on 10 and 11 April 2024. The FTC Notices were in respect of *The Children's Homes Regulations (Northern Ireland)* 2005, Regulation 24 relating to the staffing of children's homes and Regulation 30 relating to the fitness of premises, with the date of compliance to be achieved by 17 July 2024.

An inspection conducted on 17 July 2024 to assess compliance with the two FTC Notices determined that all of the improvements necessary to achieve compliance with the actions outlined in the FTC Notice relating to the fitness of premises were achieved. In relation to the actions set out in the FTC Notice regarding Staffing, compliance with the action aligned to stabilising the management arrangements was assessed as achieved. Further progress in relation to the actions aligned to the staffing model and oversight of the management team was still required. Therefore, RQIA extended the compliance date to 17 August 2024 for this FTC Notice, to allow the provider to achieve full compliance with the regulations.

The aim of this inspection was to assess compliance in relation to two actions set out in the FTC Notice (FTC) regarding Staffing, as noted above. The areas for improvement initially identified in the quality improvement plan (QIP) from the inspection on 10 and 11 April 2024 were not reviewed as part of this inspection and all areas for improvement were carried forward for review at the next inspection.

All of the improvements necessary to achieve compliance with the actions outlined in the FTC Notice relating to Staffing were achieved.

A further meeting was convened by RQIA with the provider's senior management team on 6 September 2024 to provide feedback with respect to the inspection findings; and to discuss additional actions that will support continued progress in this service and provide assurance that the provider is continuing to embed and sustain the improvements required.

RQIA were assured at this meeting that the provider's senior management remained committed to and focused upon the ongoing improvements required to ensure compliance with the relevant regulations and standards. It was agreed that, until such time as confirmed by RQIA, monthly monitoring reports on the conduct of the home, in accordance with Regulation 32 (5) (a) of the Children's Homes Regulations (Northern Ireland) 2005, will include an addendum.

This addendum must include evidence the independent person carrying out the visit has; reviewed progress with the provider's action plan submitted to RQIA on 11 July 2024 and provide a summary assessment of progress made, or barriers identified to achieving progress against the action plan, and any corresponding mitigating actions. The summary assessment should also reflect the impact of progress of the action plan on the lived experience of the young people and the staffing arrangements.

In addition, it was agreed the provider would submit an application to vary the registration of the service to RQIA by an identified date, which seeks to reduce the number of young people accommodated in the home from six to five within an agreed timeframe.

Details of RQIA's enforcement procedures can be found on our web site: https://www.rgia.org.uk/who-we-are/corporate-documents-(1)/rgia-policies-and-procedures/

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, information about the service was reviewed to plan the inspection.

A range of documents were examined on site 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 can 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 and during the meeting convened with the provider's representatives on 6 September 2024.

4.0 What people told us about the service

The inspector met with young people, staff, the management team and senior managers during the inspection.

The inspector observed the young people and their interactions with staff on the day of inspection. Young people presented at ease, comfortable and content in their environment. The staff were observed offering individualised and attentive care, staff were calm and thoughtful in their interactions with the young people. No concerns were noted with regard to observations of staff interactions with the young people or the delivery of care.

Staff reflected on the emotional impact of their work and the challenges experienced in supporting the service to maintain safe staffing levels due to current vacancies. Feedback from staff varied regarding the cohesiveness of the staff team, with staff expressing the team worked well together and maintained strong collaboration, while others highlighted areas where communication and teamwork could be improved. Discussions with the management team and the provider's senior management team outlined strategies being implemented to address this issue.

It was evident from discussions with staff and the management team they were committed to supporting the young people and delivering compassionate and individualised care.

Whilst the QIP from the previous inspection was not a focus of this inspection, progress with the areas for improvement were discussed with the manager. The manager provided assurance that they understood the necessary improvements required and confirmed that addressing these issues remains a priority for the service.

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 17 July 2024		
Action required to ensure compliance with The Children's Homes Validation of Regulations (Northern Ireland) 2005 compliance		
Area for improvement 1 Ref: Regulation 16	The registered person shall ensure that for all restrictive practices in place, there is a clear record that reflects who has been involved in determining and agreeing the	Carried forward to the next inspection

Stated: Fourth time To be completed by: 10 August 2024	need for the restriction and the timescale within which the restriction will be reviewed. 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.	
Area for improvement 2 Ref: Regulation 29	The registered person shall ensure that all relevant events are notified to RQIA in a timely manner.	
Stated: Fourth time To be completed by: 10 August 2024	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.	Carried forward to the next inspection

	compliance with The Minimum Homes (Department of Health) (2023)	Validation of compliance
Area for improvement 1 Ref: Standard 1.8	The registered person to ensure that arrangements are established to ensure young people have access to;	
Stated: First time To be completed by: 21 September 2023	- an appropriate forum or process in place to capture young people's views, wishes and feelings about the home and their lived experience that could contribute to the running and future development of the home. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
Area for improvement 2	The registered person to ensure that staff have access to a robust induction that	
Ref: Standard 17.10	assures they are equipped with the skills and knowledge to meet the needs of the	
Stated: Second time	young people.	Carried forward to the next
To be completed by: 10 August 2024	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	inspection

Area for improvement 3 Ref: Standard 17.11 Stated: Second time To be completed by: 10 August 2024	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people. This includes a robust training programme and competency assessment for staff responsible for medicines management. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
Area for improvement 4 Ref: Standard 17.10 Stated: Second time To be completed by: 10 August 2024	The registered person to ensure there are appropriate staff support arrangements within the home; to include access to debriefs, promotion of reflective practice and an open and transparent culture. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
Area for improvement 5 Ref: Standard 16 Stated: Second time To be completed by: 10 August 2024	The registered persons must ensure that that there is evidence of management oversight of assessments and plans which direct the care the young people receive. These records should be signed and dated, by the manager and there should be effective review arrangements recorded. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 Review of the FTC Notice

Notice of failure to comply with Regulation 24 of The Children's Homes Regulations (Northern Ireland) 2005

Staffing of children's homes

24.—(1) The registered person shall ensure that there is at all times, having regard to –

- (a) the size of the children's home, the statement of purpose, and the number and needs (including any needs arising from any disability) of the children accommodated there: and
- (b)the need to safeguard and promote the health and welfare of the children accommodated in the home,
- a sufficient number of suitably qualified, competent and experienced persons working at the children's home.
- (2) The registered person shall ensure that the employment of any persons on a temporary basis at the children's home will not prevent children from receiving such continuity of care as is necessary to meet their needs.

In relation to this notice the following actions were required by the provider to comply with this regulation:

- 1. Define its model to determine safe levels of staffing (including skill mix) at the Children's Home, which:
 - (a) is based on the assessed needs of the current resident group
 - (b) incorporates flexibility to respond to temporary or unplanned variations in young people's assessed needs and/or service requirements
 - (c) is informed by and consistent with the size of the home and the home's statement of purpose
 - (d) takes into consideration the outcomes of a robust risk assessment relating to group living
 - (e) defines the management and leadership structure
- 2. Implement an effective process for oversight and escalation of challenges relating to staffing, including management and leadership, the escalation arrangements should include deputy managers, registered manager, the provider's senior managers and Executive Team as appropriate.
- 3. Stabilise the current management arrangements and ensure that the revised arrangements are sufficiently robust to effectively address the quality monitoring and governance arrangements in the home.
 - Implement effective mechanisms to evidence and assure progress against the provider's action plan dated 10 May 2024.

Assessment of compliance

 Since the last compliance inspection on 17 July 2024, the provider has achieved significant progress in reviewing and defining its model to determine safe levels of staffing. A staffing paper was developed which addresses all of the requirements of Point 1. A professional framework was utilised to support decision making and support sufficient flexibility within the staffing model.

There was evidence of engagement with other services across the region to benchmark against best practices, which supported a clear understanding of current and future staffing needs, aligned to the needs of the current resident young people and young people who may require the service in the future. This will help the service to be more targeted and responsive in its recruitment and succession planning strategies.

The staffing paper identified the need for the recruitment of additional permanent staff and outlined the skill mix necessary to support the delivery of quality care and fulfil the young people's care plans. The paper also outlined the service's intention to reduce the number of young people accommodated in the service from six to five, within a specified timeframe.

Discussions with the senior management team during the inspection and at the meeting on 6 September 2024 provided assurances that the provider was committed to the implementation of the new staffing model, which will be crucial to ensuring staff are adequately supported in their roles and feel valued. Well planned staffing arrangements also foster a safe environment in which effective and quality care can be provided. Compliance with Point 1 was assessed as achieved.

2. Governance processes have been reviewed and enhanced since the inspection on 17 July 2024. A daily situation report has been implemented which provides a summary status of staffing arrangements in the home, any key events and emerging issues, and any corresponding mitigating actions. This report is escalated through the line management reporting structure as necessary to inform problem solving discussions and ensure care is safe on an ongoing basis; this early warning system allows for proactive responses. On-call arrangements have been strengthened which provides for escalation of appropriate issues in the evenings and at weekends to senior managers within the service.

It was also positive to note development of specific information systems to support oversight and escalation of challenges relating to staffing and potential correlation to incidents in the home. There was a clear recognition by the service that young people respond best to caregivers they are familiar with and who know them well. The information systems devised help to identify patterns between staffing shortages or inexperienced staff and incidents, providing transparency and supporting proactive responses to any risks identified. The development of these mechanisms create a culture of accountability and preparedness which enables responsive and appropriate actions to be taken. This approach will also supported targeted action where required and support learning and improvement within the team.

The inspector was assured that an effective and structured system was now in place to escalate issues reported by frontline staff to the senior management team, and the provider's executive team as necessary. This ensures that the senior management team are engaged in real-time, in relation to challenges, emerging concerns and the impact on the service. Compliance with Point 2 was assessed as achieved.

3. Compliance with Point 3 was assessed as achieved during the inspection on 17 July 2024.

The improvements necessary to achieve compliance with all the actions outlined in this FTC Notice were achieved.

Creating safe staffing and supporting existing staff while recruitment processes are ongoing requires careful planning and strategic management.

RQIA were also assured by the provider's senior management team during the meeting on 6 September 2024 that the improvements achieved with regard to the actions in this FTC Notice

will remain under review to ensure they result in positive and meaningful improvements for staff and the lived experience of the young people.

RQIA are assured that the provider has appropriate systems in place to prioritise essential staffing levels to meet the young people's safety and wellbeing needs. In addition, resources have been allocated to; increase support to staff wellbeing, enhance communication between senior management and staff and optimise staff training opportunities.

Continued and embedded improvement in this service will be monitored by RQIA through future inspection activity and via review of monitoring reports submitted to RQIA by the provider.

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	2*	5*

^{*} the total number of areas for improvement includes seven 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 in which they were identified.

Quality Improvement Plan		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 16	The registered person shall ensure that for all restrictive practices in place, there is a clear record that reflects who has been involved in determining and agreeing the need for the restriction and the timescale within which the restriction will be	
Stated: Fourth time	reviewed.	
To be completed by: 10 August 2024	Ref: 5.1	
	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.	
Area for improvement 2	The registered person shall ensure that all relevant events are notified to RQIA in a timely manner.	
Ref: Regulation 29	Ref: 5.1	
Stated: Fourth time		

To be completed by: 10 August 2024	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.
Homes (Department of He	
Area for improvement 1 Ref: Standard 1.8	The registered person to ensure that arrangements are established to ensure young people have access to; - an appropriate forum or process in place to capture
Stated: First time To be completed by: 21 September 2023	young people's views, wishes and feelings about the home and their lived experience that could contribute to the running and future development of the home.
21 September 2023	Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 17.10	The registered person to ensure that staff have access to a robust induction that assures they are equipped with the skills and knowledge to meet the needs of the young people.
Stated: Second time	Ref: 5.1
To be completed by: 10 August 2024	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 17.11	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people. This includes a robust training programme and competency assessment for staff responsible for medicines
Stated: Second time To be completed by:	management. Ref: 5.1
10 August 2024	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 17.10	The registered person to ensure there are appropriate staff support arrangements within the home; to include access to debriefs, promotion of reflective practice and an open and
Stated: Second time	transparent culture.
To be completed by:	Ref: 5.1

10 August 2024	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5	The registered persons must ensure that that there is evidence of management oversight of assessments and plans which
Ref: Standard 16	direct the care the young people receive. These records should be signed and dated, by the manager and there should
Stated: Second time	be effective review arrangements recorded.
To be completed by: 10 August 2024	Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.





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