

Children's Home Inspection Report
IN043169
16 October 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: 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: This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023) . The children and young people living in this home have been assessed as having physical and/or 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. The home has been non-operational since November 2023, the provider has submitted an application to RQIA to make a change to the registration of this service to renovate and reconfigure the layout of the premises and increase the maximum number of placements on a permanent basis.	

2.0 Inspection summary

An announced inspection took place on 16 October 2024 between 10.00 a.m. and 3.45 p.m. The inspection was conducted by a care inspector and an estates inspector. The inspection process concluded on 14 November 2024 following assessment of additional information submitted to RQIA following the onsite inspection.

The inspection assessed progress with all areas for improvement identified during the last care inspection and to determine if the home had the necessary arrangements in place to deliver safe, effective and compassionate care and if the service was well led. Seven areas for improvement identified at the last care inspection were assessed; and the inspector concluded compliance had been achieved in relation to all seven areas. One new area for improvement in relation to restrictive practice records was identified.

The inspection process also included assessment of an application to vary the registration of the service. The application sought to increase the maximum number of young people that could be accommodated in the home, which would require renovation and reconfiguration of the layout of the premises and the recruitment of additional staff.

A range of documents were examined to determine if effective systems were in place to deliver safe, quality care. Discussions with the management team provided assurance that robust governance mechanisms and safe staffing arrangements were in place, aligned to the intended statement or purpose (SoP) for this service.

However, additional evidence was required with respect the environment in order to support assessment of the application to vary the registration of the service and resume operation. Therefore, RQIA determined it was both proportionate and necessary to place a condition on the registration of the service to prevent admissions to the home at that time.

Additional evidence to support approval of the application to vary the registration of the service was subsequently received and assessed by RQIA. The condition placed on the registration was therefore removed to allow the service to resume operation. The application to vary the registration and increase the maximum number of places was also approved.

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.

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 home was not operational on the day of inspection and therefore feedback from children, carers and professionals was unattainable. Feedback was received post inspection from staff and relatives/carers via questionnaires.

Staff working with the young people transitioning to this service indicated that they were very satisfied that young people were safe and protected from harm, they were treated with compassion, the care delivered to young people was effective; and that the home where the young people were currently residing was well led.

Feedback from relatives/carers was complimentary regarding the care provided by the staff team who were providing care for the young people at another location. Concerns raised within the feedback were discussed with the provider. RQIA received assurance that the provider was aware of the issues raised and had taken action to address them where possible.

The inspectors spoke with the management team during inspection. The manager conveyed a compassionate, trauma informed, child centred approach. They demonstrated they were equipped with the skills and knowledge to lead a team well, and to support the team to deliver safe, effective and compassionate care to young people. The manager also described the advice and support available to the service via the provider's management structure across the organisation.

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 10 August 2023		
Action required to ensure compliance The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 4 (2) (a) Stated: First Time	The registered person shall provide an updated copy of the statement of purpose detailing the current staffing arrangements within the children’s home.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Children’s Homes (January 2023)		
Area for Improvement 1 Ref: Standard 14 Stated: Third time	The registered person shall make provision for the young person to transition to adult services, working collaboratively to prioritise the young person needs and support successful transition.	Met

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 Ref: Standard 16 Stated: First Time	The registered person shall ensure that the audit system in place to monitor the use of medicines used as part of a behaviour management strategy is improved to support the analysis of intervention strategies to ensure they remain effective and aligned to young people's needs. Action taken as confirmed during the inspection: This area for improvement was met.	Met
Area for improvement 3 Ref: Standard 17 Stated: First time	The registered person shall ensure that written handover records are maintained to support staff in day to day decision making. Action taken as confirmed during the inspection: This area for improvement was met.	Met
Area for improvement 4 Ref: Standard 17 Stated: First time	The registered person shall ensure that there are training opportunities for staff to update their knowledge and skills in fire safety on a six monthly basis as reflected within the minimum standards. Action taken as confirmed during the inspection: This area for improvement was met.	Met
Area for improvement 5 Ref: Standard 17 Stated: First time	The registered person shall ensure that all staff complete Infection Protection and Control training in keeping with the practice model adopted by the home. Action taken as confirmed during the inspection: This area for improvement was met.	Met

Area for improvement 6 Ref: Standard 17 Stated: First time	The registered person shall ensure that all staff in charge of the home are qualified, competent and sufficiently experienced and supported to manage this responsibility.	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 that the home environment meets the needs of the young people?

The inspection included a focused premises inspection. The communal areas of the home presented as bright, airy and maintained to a high standard. The manager confirmed that each young person would have their own bedroom; and that young people would be supported to personalise their bedrooms upon admission to the service.

A sensory room was available to support the therapeutic needs of the young people and there was also a dedicated space within the home to support young people to enjoy time with their family/carers. The outdoor garden could accommodate the young people's interests and activities. A child friendly garden had been designed at the entrance of the home to create a welcoming setting for the young people.

A number of areas were identified in relation to the premises which required action and/or evidence to be submitted to RQIA in order to confirm that the premises were consistent with The Minimum Standards for Children's Homes (Department of Health) (2023). Additional evidence and the required assurance was provided to RQIA on 14 November 2024.

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

Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. Actions that restrict young people should have clear justification based on a robust assessment of risk; with clear evidence that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and is agreed with the multi-disciplinary team, in consultation with the young person and relevant others. A robust review mechanism is also required which considers the effectiveness and impact of the restrictive practice.

A tour of the home noted restrictive practices were in place within the home. Discussions with the manager confirmed that restrictions in the home were underpinned by balancing potential safety risks and supporting the needs and preferences of the young people that would live there.

The appropriate documentation had not yet been developed to evidence that the identified restrictive practices would have a robust monitoring process in place to review and consider the effectiveness of the measures in place as well as considering the impact on the young people. An area for improvement was identified.

The SoP was reviewed and clearly described the nature and range of services to be provided and addressed all of the matters required by Regulation 4 of the Children's Home's Regulations (Northern Ireland) 2005. The young people's guide had been updated to reflect the changes to the home and was child centred and accessible to young people with additional communication needs.

The management team reported that the staffing model had been reviewed to meet the requirements of the size of home, the services to be provided and young people's individual needs. Additional staff had been identified as required to ensure the staffing arrangements could respond to changing or emerging risks safely and effectively.

The manager confirmed that robust localised inductions would take place to orientate the staff team to the new working environment. The staff induction booklet was reviewed and identified there was a well-planned induction process that had been developed to ensure staff are competent, confident and well supported in their role. The induction records reviewed included the layout of the home environment, key policies and procedures, duties and responsibilities, the home's recording processes and health and safety protocols including fire safety. Records are signed off by both the manager and the staff member as induction progresses to ensure competency within their role has been achieved.

Discussion with the management team provided assurance that the staff team in place at the time of this inspection had the necessary skills and experience to meet the care approach described in the SoP. The training matrix was reviewed and reflected an extensive training programme including training specific to the behavioural and medical needs of the young people, safeguarding, fire, food safety and infection prevention and control. The staff team were compliant in achieving training and refresher timescales, all of which support staff to deliver young person centred, safe, effective care and support aligned to the needs of the individual young people.

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**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

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 16 Stated: First time To be completed by: 25 January 2025	The registered person shall review restrictive practice documentation and take action to ensure clear written records are maintained which evidence restrictive practices are; proportionate to the presenting levels of risk and necessary to safeguard the health, wellbeing and safety of the young people. Restrictions implemented should be for the shortest possible period, subject to regular review by the multi-disciplinary team where required, and include a reduction plan where possible. Ref: 5.2.2
	Response by registered person detailing the actions taken: Restrictive practices register detailing all restrictive practices have been circulated to each individual Care planning group for discussion and agreement, documents are reviewed monthly to ensure the least amount of restrictions are in place for each individual resident and amendments can be agreed as and when circumstances change.

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



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