



The Regulation and  
Quality Improvement  
Authority

**Children's Home Inspection Report**  
**IN045931**  
**18 December 2024**

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

## 1.0 Service information

<b>Service Type:</b> Children's Home  <b>Provider Type:</b> Health and Social Care Trust  <b>Located within:</b> – South Eastern Health and Social Care Trust	<b>Manager status:</b> Registered
<b>Brief description of how the service operates:</b>  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.  At the point of inspection, a condition remained on the registration of the service to reduce the lower admission age range and enable the use of an independence flat attached to and part of the floor plan of this children's home, to be used as accommodation.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 December 2024 between 9.15 a.m. and 4.45 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.

Three areas for improvement identified at the last care inspection in relation to internet safety, the environment and staff training were assessed as met. Three new areas for improvement were identified in relation to fire safety; the recording and reporting of restrictive practices; and the monitoring and oversight arrangements of restrictive practices.

The inspection identified significant concerns regarding restrictive practices and the leadership and governance arrangements within this home. RQIA invited the provider's representatives to a Serious Concerns meeting on 16 January 2025 who provided an account of the actions they had taken and planned to address the concerns identified. RQIA were assured that the provider had identified learning, and the resultant action plan was centred upon strengthening internal and external mechanisms to the home in relation to staff practice, audit, the monitoring role and embedding robust governance arrangements with respect to incidents. RQIA were assured that the providers representatives were cited on the concerns identified and had the capacity to drive

forward the necessary improvements required in this service. This will be discussed in greater detail in the main body of the report.

### **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.

Young people were positive as regards the quality of the accommodation and homeliness of the environment. They confirmed that staff supported them to regularly engage in activities both within the home and in the community.

Feedback from staff provided a positive view regarding support from the management team, the morale amongst the team and the quality of the care provided to the young people. Staff reported good relationships with the young people and discussed how the team worked well together to provide the best possible care to the young people.

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 February 2024		
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)		
<b>Area for improvement 1</b>  <b>Ref:</b> Section 2 Appendix 2	The registered person shall ensure that staff have access to a trust policy and/or written guidance on the maintenance of Internet Safety within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 11	The registered person shall ensure that the re-decoration and maintenance service is responsive to the immediate requirements of the home and that damage, however minor, is repaired quickly. The following environmental improvements are required:  <ul style="list-style-type: none"> <li>•Televisions within the home that are broken require repair or replacement</li> <li>•Glass panel in side exit door requires replacement</li> <li>•Independence flat requires decluttering and cleaning</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17	The registered person shall ensure that all staff complete training in Infection Protection and Control and First Aid in keeping with the practice model adopted by the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 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, 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.

Young people's meetings occurred regularly 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 the care they received. 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.

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

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. Responsive staffing arrangements were evident and are essential to safeguard and promote the health and wellbeing of the young people and ensure adherence to safety plans.

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.

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.

### 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 soft furnishings being utilised to create a welcoming environment. Young people's bedrooms were decorated in line with their wishes and feelings. A well maintained and welcoming outdoor space was also available to the young people.

Fire records evidenced that fire safety checks were completed regularly and consistently. However, the action plan resulting from the most recent fire risk assessment had not been completed by the management team; and did not provide the necessary assurance that the recommendations had been actioned. An area for improvement was identified.

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

The inspection findings raised concerns that the use of unauthorised relocation strategies had been deployed by staff without scrutiny or challenge for a prolonged period of time. The strategies presented a potential safety risk to both young people and staff. The relocation strategies were not consistent with the Therapeutic Crisis Intervention (TCI) framework used by the home; nor were the strategies appropriately recorded or reported in line with the providers policy and procedure in relation to the use of restrictive practices.

As outlined in section 2.1 RQIA invited the provider to a Serious Concerns Meeting on 16 January 2025 to address the concerns identified; and received the necessary assurances that senior management were cited on the concerns and had a robust plan in place to drive improvement. This included a review of the systems in place for identifying escalating risk and ensuring staff are appropriately trained in the recording of restrictive practices. An area for improvement was identified in relation to the recording and reporting of restrictive practices.

The inspection also identified concerns that the leadership and governance arrangements in this service were not sufficiently robust so as to effectively promote the safety and wellbeing of the young people. Mechanisms such as regular audit and review of children's care records, datix reporting systems, and the providers internal and external monitoring arrangements did not identify the unauthorised use of, and potential safety risks posed by the relocation strategies.

Robust governance systems should be in place that assure the delivery of safe, quality care within young people's residential services. Effective governance arrangements support managers to monitor staff practice, review young people's lived experience, and take timely action should safety or practice issues be identified.

RQIA received the necessary assurances at the Serious Concerns Meeting on 16 January 2025 that the Trust had identified learning, and the resultant action plan was centred upon strengthening internal and external mechanisms to the home in relation to staff practice, audit, the monitoring role and embedding robust governance arrangements with respect to incidents. This included a retrospective review audit across the service to identify if there were any similar governance issues: a thematic analysis of all physical restraint incidents; sharing learning across both residential and community staff teams; and a review of the robustness of the monthly monitoring arrangements. An area for improvement was identified in relation to the monitoring and oversight arrangements as regards restrictive practices.



## 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
<b>Total number of Areas for Improvement</b>	2	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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 31  <b>Stated:</b> First time  <b>To be completed by:</b> 12 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
	<b>Response by registered person detailing the actions taken:</b> The responsible person has ensured that the current fire risk assessment is on file and actions have been signed accordingly.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16  <b>Stated:</b> First time  <b>To be completed by:</b> 12 February 2025	The responsible person shall ensure that a written record is made following the use of a restrictive practice and reported to relevant others as appropriate. Recording and reporting practices should be in line with the providers policy and procedure, professional standards and codes of practice.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> The Responsible person has ensured that staff training around restrictive practice has been undertaken to give assurance that staff are competent in recording. Regular audits are taking place to identify if there are gaps in recording and reporting and appropriate steps are taken.

<b>Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16  <b>Stated:</b> First time  <b>To be completed by:</b> 12 February 2025	<p>The responsible person shall ensure there are adequate monitoring and oversight arrangements in place, to ensure;</p> <ul style="list-style-type: none"> <li>• Actions that restrict young people have a clear justification based on a robust assessment of risk;</li> <li>• Clear evidence is available that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and has been agreed with the multi-disciplinary team, the young person and relevant others.</li> <li>• A robust review mechanism is in place which considers the effectiveness and impact of the restrictive practice.</li> </ul> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The responsible person has ensured that restrictions are reviewed locally and also as part of multi-disciplinary meetings. The monthly governance meeting is utilised to review physical incident to ensure robustness and identify learning for the service. Learning lines has been drafted and shared with all staff to ensure learning is adopted across the service. A restrictive practice policy is being drafted with the Head of Service for governance to give assurances that staff are guided by best practice.</p>

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





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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews