

Children's Home Inspection Report
IN043176
9 May 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: – South Eastern Health and Social Care Trust (SEHSCT)	Manager status: Acting
Brief description of how the service operates: The children/young people living in this home may have had traumatic experiences and have been assessed as in need of 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 unannounced inspection took place on 9 May 2024 between 10.15 a.m. and 5 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.

All areas for improvement identified during the last care inspection were assessed as met; these were in relation to the environment, handover records, staff training and restrictive practices. One new area for improvement was identified in relation to the use of consequences within the home.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

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 person in charge 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 provided positive feedback regarding the support from staff, the relationships with staff and the environment. Young people reported they were able to raise any concerns with staff and had opportunities to contribute their ideas and opinions in regards to the running of the home.

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 to have good relationships with the young people and discussed how the team work well together to provide the best possible care to the young people.

Questionnaires were received post inspection from staff. Responses indicated that staff were satisfied that the care provided was safe, compassionate and well-led. Comments indicated that there was good management support for staff and that the care provided was young person centred.

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 care inspection on 18 May 2023		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: 18 July 2023	The registered person shall ensure that all parts of the home are suitably furnished, equipped, kept clean and reasonably decorated and maintained.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
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 18 Stated: Second time To be completed by: 18 May 2023	The registered person shall ensure that recording practices with handover records are in line with professional standards with completed daily entries consistently signed and dated by completing staff members.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 17 Stated: First time To be completed by: 18 September 2023	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the children and young people in keeping with the practice model adopted by the home.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 18 May 2023	The registered person shall ensure that physical restrictions on normal movement within or from the home are not used unless this is necessary to safeguard children and young people and promote their welfare and development in line with regulations and guidance. Such measures are only used where agreed with the Trust and if appropriate the parents and are in line with regional guidance on restraint.	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 young people are getting the right care at the right time?

Review of records 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. Young people's needs were accurately matched to what the home could offer. The needs of the young people who were already living in the home were considered and there was a focus on minimising any disruption.

Review of young people's files and daily logs provided evidence that the quality of recording was of a high standard and the detail reflected the young peoples' needs and lived experience. The records sampled were up to date, frequently reviewed, reflective of the current risks and provided clear guidance to staff providing direct care to the young people.

Inspection of evidence identified inconsistency in the use of consequences within the home, in relation to the proportionality and recording of consequences. Staff should agree consistent consequences to actions, which are trauma informed, understood by all staff and young people, and robust records should be maintained.

The inspector also identified some consequences which appeared to be implemented based on immediate risk. It is important that staff and young people are able to differentiate between an immediate restrictive practice which is being implemented due to risk and a consequence which is being implemented to help the young person reflect and learn new behaviours. This has been identified as an area for improvement.

Inspection of evidence confirmed that young people regularly attend meetings in the home with the aim to promote young people's opportunities to share their views and opinions, and contribute towards the running of the home. The young people meeting minutes reviewed, evidenced that staff aim to gather their preferences, ideas and suggestions regarding matters that impact on the running of the home.

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.

Inspection of 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.

Inspection of evidence confirmed that arrangements were in place to monitor staff supervision. Changes to the management team have resulted in gaps in staff supervision. However, discussion with the person in charge provided assurance that staff supervision was a priority for the management team and there was a plan in progress to ensure supervision was up to date for all staff. Assurance was also provided that increased levels of informal supervision was provided to staff in lieu of formal supervision.

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

An inspection of the premises identified that improvements had been made to provide a homely environment for the young people.

Whilst there was damage to areas of the property; evidence was available which provided assurance that these issues had been reported. Discussion with the person in charge also provided assurance that there was an effective working relationship with the home's aligned estates department and that the management team were committed to continuous improvement of the environment.

Inspection of fire safety records identified regular completion of fire alarm testing. The fire risk assessment was also up to date, with evidence of recommended actions being completed.

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

Sampling of handover documentation identified that there were robust systems in place for ensuring that staff are up to date with the needs of the young people; aware of their roles and responsibilities and that there were clear mechanisms to support effective communication amongst staff. Advice was provided to consider streamlining some information contained in the handover document to make it less lengthy and potentially more effective.

Inspection of evidence identified that restrictive practices were being used in line with the Department of Health's Regional Policy on the use of Restrictive Practices in Health and Social Care Settings (2023). Restrictive practices used were evidenced as planned, considered and agreed; this ensured that the least restrictive approach was used to reduce risk and achieve a therapeutic benefit. Evidence was available restrictive practices were reviewed to ensure that the restriction was in place for the shortest possible time.

Sampling of team meeting minutes identified that staff were provided with regular opportunities to meet together as a group. Staff discussed the strategies agreed to support young people, and reflected upon what is working well and what could be done differently. This is essential to ensure the effectiveness of the team and consistency of care provided to the young people.

Inspection of evidence confirmed a complaints process was in place within the home. Sampling of records evidenced good governance, robust investigation and feedback being sought from complainants following complaints.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023).

	Standards
Total number of Areas for Improvement	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Standard 3.12 Stated: First time	The responsible person shall ensure the home adopts a proportionate, consistent and therapeutic approach in the use of consequences. Ref: 5.2.1
To be completed by: 1 August 2024	Response by registered person detailing the actions taken: Upon the area of improvement being stipulated management have reviewed and modified the Consequences and Rewards form. This form now includes a section where by the team need to be clear and concise around the interventions used to highlight the therapeutic approaches used to prevent further escalation leading to a consequence.

	<p>This was designed to prompt the team to be more reflective about their responses leading them to be less inconsistent and more proportionate.</p> <p>This has proven to show a decline in the use of consequences and an overall improved understanding of their use, whilst also bolstering and evidencing our teams use of therapeutic responses.</p> <p>This new format was shared via team meetings, team emails, group supervisions and 1:1 supervisions.</p> <p>Management have regular oversight over any consequences in place, they review and sign off if deemed appropriate. Where there is an issue with individual staff struggling to understand the objective of consequences this is picked up during this review process and is managed individually with the staff member. The consequences and rewards will be discussed regularly in team meetings to ensure consistency and understanding. Practice examples will be shared should management feel there is a theme that needs to be addressed so we can achieve a holistic team approach.</p> <p>Ongoing development work will continue to improve the teams understanding around consequences and there need in line with a young persons behaviour and therapeutic need.</p>
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