

Children's Home Inspection Report
IN0043186
5 December 2024

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

1.0 Service information

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| Service Type: Children's Home Provider Type: Health and Social Care Trust Located within: – Southern Health and Social Care Trust | Manager status: Registered |
| Brief description of how the service operates: The children 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 5 December 2024 between 9.00 a.m. and 6.30 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.

Six areas for improvement identified at the last care inspection were assessed as met and one area for improvement in relation to the sensory room was stated for a second time. Two new areas for improvement were identified with regard to Individual Crisis Support Plans (ICSPs), and internal assurance and audit arrangements of young people's records.

Staff evidenced motivation and commitment to delivering individualised care, with a focus on addressing the specific needs of each young person. Additionally, the young people had access to a network of professionals to support and guide their care.

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.

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 met with young people, staff and the management team during the inspection.

Observations and feedback from the young people raised no concerns regarding the care and support provided. Staff engaged with the young people in a manner that was appropriate and caring. Young people were at ease and comfortable in the presence of staff, seeking support and interacting in conversation throughout the day.

Discussions with the management team and staff evidenced a thorough understanding of the young people in their care. Staff demonstrated a commitment to recognising each young person as an individual and responding sensitively to their needs. They highlighted the importance of providing consistent care to promote a stable and supportive environment and reflected that young people had positive relationships with the staff.

Staff reflected on previous challenges experienced in the service due to the reliance on temporary staff to fill gaps in the rota and the impact of group dynamics on the resident young people. They acknowledged improvements in these areas, noting that staffing arrangements were more stable, with a core team available to provide continuity of care.

There was a variation in the feedback provided by staff during the inspection and through questionnaire responses received following the inspection regarding the effectiveness of support and communication received from the management team. Whilst some staff shared positive feedback, others expressed dissatisfaction. This feedback, along with feedback from relative/carer questionnaires were shared with the provider's senior management team, who were requested to review the matters raised, take appropriate action, and provide RQIA with updates on their progress.

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 15 December 2023 | | |
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| Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 4 (6) (7) Stated: First time | The registered person shall ensure the home is providing care in accordance with the registered categories of care. An application to vary the registration of the home's categories of care should be submitted to RQIA by 26 January 2024. This must include a revised young person's guide. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |
| Area for improvement 2 Ref: Regulation 24.1 Stated: First time | The registered person shall review the staffing arrangements to ensure that the staffing arrangements are consistent with the individual needs of all young people, the size of the home and the SOP. | 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 17.10 Stated: First time | The registered person shall improve the training matrix to ensure it accurately records staff training for staff working in the home, including staff who are not working a full time and permanent contract. A plan to address any gaps in training should be in place with clear mitigations in relation to impact on current care arrangements and how the potential for poor outcomes is being addressed. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |

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| Area for improvement 2 Ref: Standard 17 Stated: First time | The registered person shall ensure that team meetings take place on a regular basis and in compliance with this standard i.e. at least monthly. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |
| Area for improvement 3 Ref: Standard 1 Stated: First time | The registered person shall review the arrangements in place in relation to staff's communication with young people regarding the day to day running of the home. Required improvements should be made to ensure young people's views are sought and acted upon. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |
| Area for improvement 4 Ref: Standard 11.2 Stated: First time | The registered person shall ensure that the sensory room is further developed to ensure it is suitably equipped to meet the needs of all the young people. | Not met |
| | Action taken as confirmed during the inspection: There was insufficient progress in improving the sensory room since the last inspection, leaving it unused. This is a missed opportunity as sensory rooms can provide essential therapeutic benefits, helping to support young people with sensory processing needs or emotional distress. This area for improvement was not met and was stated for a second time. | |
| Area for improvement 5 Ref: Standard 18.5 Stated: First time | The registered person shall ensure that all records are held safely and securely in line with data protection. | 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?

Discussions with staff and the management team confirmed that they had a clear understanding of the individual needs of the young people, including their holistic needs, interests, and what was important to them. They were able to describe positive outcomes and achievements experienced by the young people, as well as concerns related to risk taking behaviours and the actions taken to reduce or mitigate these risks.

The service was progressing with the implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC), which has been developed to provide a cohesive, trauma informed, and rights based approach to supporting care-experienced children and young people. The management team and staff reflected that this approach had helped staff to better understand and identify trauma related issues affecting young people. The development of a health and well-being needs summary and plan provided a structured approach to setting specific goals, outlining who within the young person's professional and caring network would support them in achieving these goals. Records sampled noted that the goals were clear, measurable, and aligned with the identified needs of the young people.

There was evidence of individual work and key work sessions being completed with the young people using creative approaches. The ongoing implementation of NIFITC and the identification of specific goals will further support staff and young people to engage in meaningful individual work, promoting positive development and well-being.

Individual crisis support plans are individualised strategies developed to help young people maintain emotional stability and ensure their safety and well-being during a crisis. These plans guide staff in responding effectively to challenging situations by outlining approaches to manage distress, de-escalate, and make informed decisions, promoting consistent and proactive care. They should be regularly updated to provide clear guidance, including any pre-agreed permissible holds, used as a last resort, to ensure staff can respond appropriately to safety needs based on the young person's specific circumstances and history. An area for improvement was identified.

Whilst, individual risk assessments, safety plans, and individual crisis support plans (ICSP) were available to guide staff to keep young people safe and support them during challenging times, there were variations in the quality and the extent to which these records were kept up to date. This may result in staff not having the most relevant information to manage risks effectively and could impact the team's ability to maintain a co-ordinated approach, potentially leading to gaps in care and intervention strategies. Improvements are required in the assurance mechanisms implemented by the management team to ensure that care planning and risk management arrangements and associated documentation are completed, accurately recorded and reviewed regularly, as required. An area for improvement was identified.

Staff had been proactive in creating a homely setting and supporting young people to personalise their rooms. It is positive to note that the management team and staff, with input from the young people, were engaged in a quality improvement project to explore how best to enhance the therapeutic aspects of the home. It is anticipated that the outcomes of this project will also address the improvements required for the home's sensory room, and will create resources and space to support young people with sensory processing needs or emotional distress.

5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

Staff had access to a range of training opportunities to ensure they were equipped to meet the diverse needs of the young people. The management team had effective oversight of training required and planned, which supported high rates of compliance with training requirements.

A number of staff spoke positively about access to reflective practice forums which provided them with an opportunity to reflect on their practice, ensuring they remain responsive and well prepared to meet the needs of the young people.

Senior management provided assurances after the inspection that progress was being made with recommendations identified from the outcome of a Serious Adverse Incident (SAI) investigation. Such an investigation is undertaken to determine the root cause, prevent recurrence, and address any issues identified following an incident of concern. New pathway guidance was due to be implemented by the provider to support staff actions in specific circumstances. No concerns were identified during the inspection in relation to the themes highlighted in the SAI learning report.

An action plan was submitted to RQIA following the inspection, outlining how the provider's senior management team planned to investigate issues of dissatisfaction raised by some participants in the inspection consultation process. This demonstrated the provider's proactive approach in identifying and resolving issues, which is crucial for ensuring services are committed to improving the quality and safety of care and can learn through feedback from key stakeholders. RQIA are to be kept updated on progress with the action plan.

5.2.3 How does the service ensure young people's rights are upheld?

Young people were encouraged and supported to be actively involved in attending key planning and review meetings. Staff also promoted and respected young people's rights by empowering them to engage appropriately with external agencies such as the Police Service of Northern Ireland, and Voice of Your Person in Care (VOYPIC) advocates. This approach helps build young people's confidence and self-advocacy skills.

Since the last inspection, there has been significant improvement in the frequency and consistency of young people's meetings. Minutes from these meetings demonstrated that young people were encouraged to voice their preferences, raise concerns regarding the running of the home, and address any challenges which may exist living with others. The manager agreed to strengthen the meetings further by incorporating an action plan, which identifies action owners and timescales, for review at each meeting. This approach fosters accountability,

empowering young people to see that their views are taken seriously and they can identify what they have influenced.

Discussions with the management team and staff demonstrated a clear understanding that implementation of any restrictive practice must be based on assessed risk, proportionate, justified, agreed, and regularly reviewed in consultation with the multidisciplinary team, the young person and their parents, as appropriate. Whilst, the management team described this process, there was a variation in the completeness of the records available to evidence this. Improvements were needed to ensure that the review process and decisions are clearly documented in the records. A review of restrictive practice records should be incorporated into the required improvements to the management team's internal auditing and assurance processes, as outlined in Section 5.2.1, to strengthen record keeping and support a rights based approach to care.

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)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 0 | 3* |

* the total number of areas for improvement includes one that have been stated for a second time.

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 | |
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| Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023) | |
| Area for improvement 1 Ref: Standard 11.2 Stated: Second time | The registered person shall ensure that the sensory room is further developed to ensure it is suitably equipped to meet the needs of all the young people. Ref: 5.1 and 5.2.1 |
| To be completed by: 27 February 2025 | Response by registered person detailing the actions taken: The Quality Improvement project has resulted in a plan for the sensory room as agreed by young people and staff. There has been a request made to finance for funds for the equipment and delivery of same is expected in March 2025 at which time the room will be finalised with support from Scaffold Team Occupational Therapist. |

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| Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 13 February 2025 | <p>The registered person shall ensure that Individual Crisis Support Plans (ICSPs) are regularly reviewed and updated as required and clearly outline any pre-agreed permissible holds that are appropriate to each young person's specific circumstances and history, explaining why it is necessary and how it supports the young person's safety and emotional regulation.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Achieved and ongoing. ICSP's will be regularly reviewed by management and via the professional network to quality assure that they have been updated to accurately reflect each young person's specific circumstances and permissible therapeutic interventions and holds if required.</p> |
| Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: 13 February 2025 | <p>The registered person shall ensure that internal assurance and auditing arrangements are sufficiently robust to ensure the management team effectively monitors the quality, accuracy and adequacy of young people's care records and respond appropriately to any issues identified.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Ongoing. Management team will undertake regular audits to quality assure young people's care records and respond to issues identified. Monthly monitoring officer will also regularly review young people's care records during monthly visits to the home.</p> |

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