



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN042993
09 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	Manager status: Not registered
Brief description of how the service operates: The children and young people 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. Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this home to add learning disability as an additional category of care for a specified period of time.	

2.0 Inspection summary

An unannounced inspection took place on 09 May 2024 between 9.30 a.m. and 7.00 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with the three areas for improvement identified at the last care inspection and two areas for improvement identified at the last medicine management inspection. The inspection also reviewed an application submitted to RQIA to vary the registration of the service to include learning disability as a category of care for a time limited period.

Four areas for improvement were met and one area for improvement with regard to the appointment of a registered manager was identified for a third time. Assurances were provided by senior management following the inspection that action is being taken to address the management arrangements in the home. Three new areas for improvement were identified with regard to the young people's guide and staff training.

The inspector concluded that appropriate arrangements were in place to vary the registration of the service to provide one placement under the learning disability category of care. The variation application was subsequently approved by RQIA following this inspection.

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 the young people, staff and the management team. Young people, carers/relatives and visitors also had the opportunity to provide feedback via a questionnaire. No feedback was received by RQIA via questionnaires or electronic survey post inspection.

Observations on the day of inspection evidenced that the young people were relaxed and at ease in the home environment. They described good relationships with staff and confirmed they felt listened to. Diversionary activities were available, which were based on the young people's individual likes and interests.

Staff described good teamwork, effective communication and a positive culture within the home. There was a focus on promoting a consistent and coordinated approach to the care provided to the young people. Staff support and information sharing mechanisms were in place through daily huddles, handovers and team meetings and staff discussed the benefit of these. Staff advised that the management team were always approachable and they felt confident that any concerns raised would be addressed. Staff worked well together to ensure young people were supported effectively and staffing levels were described as safe.

Staff presented as person centred within their approach and voiced a good understanding of each of the young people's individual needs.

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 February 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 7 Stated: Second time To be completed by: 31 July 2023	The registered person must identify a suitably qualified and competent person to come forward to RQIA for registration as manager.	Not met
	Action taken as confirmed during the inspection: This area for improvement has been identified for a third time. See section 5.2.3 for further detail.	
Area for improvement 2 Ref: Regulation 24(1) Stated: First time To be completed by: 31 March 2024	The registered person must ensure that staff managing medicines have their competencies regularly reviewed and that records are maintained of the competency assessments.	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 Stated: Second time To be completed by: 31 July 2023	The registered person must ensure there is regular supervision for all staff.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 2 Ref: Standard 22 (2) Stated: First time To be completed by: 30 September 2023	The registered person must ensure that all staff undertake First Aid training relevant to their role and responsibilities.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Appendix 1, Standard 3 Stated: First time To be completed by: Immediate and ongoing (15 February 2024)	The registered person must ensure that the temperature range of the medicines refrigerator is monitored and recorded when in use. Appropriate arrangements should be in place to ensure that the temperature range is maintained within the range 2° Celsius and 8° Celsius.	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 experience a safe and a high quality environment?

A comfortable, well furnished, welcoming and homely environment gives a strong message to young people that they matter. On arrival to the home a warm, clean and welcoming environment was observed. The person in charge discussed plans in place in relation to continuously improving the home environment. Although some flooring throughout the home was in poor condition, it was positive to note that arrangements were in place for this flooring to be replaced within the month.

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

Review of records confirmed that an admissions policy was in place, which clearly identified the admissions criteria in line with the Statement of Purpose (SOP). Discussions with the management team and review of records confirmed a robust, needs-led process was in place in relation to new admissions to the home. New admissions to the home had been accurately matched to what the home could offer and consideration was given to the dynamics within the home at the time of admission. The needs of young people already living in the service were fully considered, and discussions identified the importance of ensuring they experienced minimal disruption as a result of an admission of another young person.

Discussions with staff and review of records evidenced proactive planning and a co-ordinated approach to meeting the needs of the young people on a daily basis. Staff were clear about their roles and were deployed effectively when on shift. Staff were observed to work well together to ensure a consistent approach and were responsive to the young people's needs.

The inspector identified gaps in staff training with regard to child sexual exploitation (CSE) training and fire safety training. Two areas for improvement were identified.

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

The home has not had a registered manager since May 2021. An acting management arrangement was place, however a full and complete registered manager application had not been submitted to RQIA. Temporary management arrangements can lead to instability in a service and an inability to make the necessary improvements in practice. Following inspection, assurance was provided by senior management with respect to progress with this application. It was agreed that a further update would be provided to RQIA within an identified period. This area for improvement was stated for a third time in the Quality Improvement Plan.

Review of the young people's guide identified gaps in relation to required information as stipulated in The Minimum Standards for Children's Homes (Department of Health) (2023). This document should be shared with the young people prior to admission to the home to help ensure they have access to relevant information. The guide should be accessible for all the young people living in the home, taking into account their age, understanding and communication needs. This was identified as an area for improvement.

Good improvement was identified in relation to regular staff supervision taking place, improvement was also noted in relation to the systems in place to monitor this. Regular and high quality supervision of staff will contribute to staff's professional development and enable them to become competent, confident and reflective practitioners.

5.2.4 Application to vary registration

The inspection also sought to assess an application submitted to RQIA to vary the registration of this service, to add learning disability as a category of care for a time limited period. The inspector was assured that there was a skill mix of staff with the appropriate skills, knowledge and training to effectively support young people who may have additional needs. In addition, the young people were matched to key workers who were experienced and skilled to provide them with the right care at the right time.

Review of records confirmed that individual crisis management plans and safety plans were in place and tailored to each of the young person's individual needs. There was a continuous review of the young people's individual needs and communication with the young people was tailored to their individual communication needs.

The variation application was subsequently approved by RQIA following this inspection.

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	1*	3

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

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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 7 Stated: Third time To be completed by: 9 November 2024	<p>The registered person must identify a suitably qualified and competent person to come forward to RQIA for registration as manager.</p> <p>Ref: 5.1 and 5.2.3</p>
	Response by registered person detailing the actions taken: This will be completed by November 2024
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 09 August 2024	<p>The registered person shall ensure all relevant staff have completed child sexual exploitation training.</p> <p>Ref: 5.2.2</p>
	Response by registered person detailing the actions taken: Upon inspection two full time residential social workers were in need of this training. These staff members have since successfully completed this training. The remaining RCCWs and bank staff are all due to complete this training on the 11 th July and the 8 th August. The registered person will continue to monitor and populate the current training matrix to maintain all training requirements in a timely manner.

<p>Area for improvement 2</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person must ensure all relevant staff have completed fire safety training.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Since inspection, Nominated Fire Officer Training was arranged and completed on 08/07/24. This was the first available opportunity. General Fire Safety Training has been completed by all staff apart from one new Residential Social Worker and a member of bank staff who have both recently taken up post. The registered person will ensure that these two members of staff are prioritised. The registered person will continue to monitor and populate the current training matrix to maintain all training requirements in a timely manner. .</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.4</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2024</p>	<p>The registered person to ensure the young people's guide is updated. The information provided must comply with the Minimum Standards for Children's Homes (Department of Health) (2023) and be appropriate to each young person's age and understanding.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A review of the young people's guide has been commenced. The review group (identified team members, overseen by the registered manager) have updated all information and content to ensure compliancy. Additional support is now being sought from the Trust IT department in relation to printable formatting.</p>

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