



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN042984
17 July 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: – Belfast Health and Social Care Trust	Manager status: Not registered - application submitted
Brief description of how the service operates: The children and young people living in this home have been assessed as having 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.	

2.0 Inspection summary

An announced inspection took place on 17 July 2024 between 9.00 a.m. and 5.15 p.m. The inspection was conducted by a care inspector.

The aim of this inspection was to assess compliance in relation to Two Failure to Comply Notices (FTC). The FTC notices were issued on 17 May 2024 following concerns identified by RQIA during an unannounced care inspection of this service on 10 and 11 April 2024. RQIA was concerned the instability in staffing and management arrangements in the service were having an impact upon the delivery of consistent, and coordinated care to the young people living in the home. In addition, necessary works were required to the home to ensure the environment was well maintained, homely and conducive to the therapeutic needs of the young people.

Two Failure to Comply (FTC) notices were issued in respect of ***The Children's Homes Regulations (Northern Ireland) 2005***, Regulation 24 relating to the staffing of children's homes and Regulation 30 relating to the fitness of premises, with the date of compliance to be achieved by 17 July 2024.

As a result of the findings of this inspection, RQIA determined that some progress in relation to the actions set out in the FTC notice regarding Staffing had been made with the implementation of regular meetings involving senior management personnel from relevant departments in the organisation. This enabled monitoring progress with the service's action plan and provided a forum to escalate ongoing staffing challenges to support proactive planning.

A further meeting was convened by RQIA with the provider's representatives on 26 July 2024 to discuss actions progressed and further actions planned to drive the necessary improvements that remained outstanding. RQIA were assured that senior management remained committed to and focused upon the improvements required. Therefore, RQIA extended the compliance date to 17 August 2024 for this FTC notice, to allow the provider to achieve full compliance with the regulations.

All of the improvements necessary to achieve compliance with the actions outlined in the FTC notice relating to the fitness of premises were achieved.

As the date for compliance with the areas for improvement had not been reached at the time of this inspection, the quality improvement plan (QIP) was not reviewed. All areas for improvement were carried forward for review during future inspections.

Details of RQIA's enforcement procedures can be found on our web site:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

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, information about the service was reviewed to plan the inspection.

A range of documents were examined on site 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 can 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 and principal social worker at the conclusion of the inspection and during the meeting convened with the provider's representatives on 26 July 2024.

4.0 What people told us about the service

Young people who were less able to tell us about their experience of living in the home were seen to be relaxed in their surroundings, with staff providing attentive care.

No concerns were identified with regard to the observation of care provided. Staff were observed interacting with the young people in an appropriate and caring manner. Feedback from staff evidenced that young people were valued as individuals, staff described how they aimed to be sensitive and responsive to the young people's needs. Staff spoken with recognised the importance of maintaining consistent care and routines for the young people to create a nurturing and effective care environment.

However, some staff reflected on the current challenges experienced in maintaining the delivery of consistent care due to the need for the service to engage additional bank and agency staff to maintain safe staffing levels and fulfil young people's care plans.

Staff demonstrated a strong commitment to addressing the needs of individual young people within the wider group dynamic. They described how they frequently managed the environment or reviewed shifts plans to minimise any potential negative impact on individual young people and prioritise each young person's wellbeing. However, they acknowledged this can be challenging given the number of young people currently residing in the home.

Whilst all staff provided positive feedback with regard to the approachability and visibility of the home's management team; improvements were still required with regard to involving and engaging the staff in the ongoing improvement plans being progressed by the provider's senior management team. This will support the development of collective leadership and staff cohesion within the staff team.

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 10 & 11 April 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 Stated: Fourth time To be completed by: 10 August 2024	The registered person shall ensure that for all restrictive practices in place, there is a clear record that reflects who has been involved in determining and agreeing the need for the restriction and the timescale within which the restriction will be reviewed.	Carried forward to a future inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to a future inspection.	

Area for improvement 2 Ref: Regulation 29 Stated: Fourth time To be completed by: 10 August 2024	The registered person shall ensure that all relevant events are notified to RQIA in a timely manner.	Carried forward to a future inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to a future inspection.	

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 1.8 Stated: First time To be completed by: 21 September 2023	The registered person shall ensure that arrangements are established to ensure young people have access to; <ul style="list-style-type: none"> - an appropriate forum or process in place to capture young people's views, wishes and feelings about the home and their lived experience that could contribute to the running and future development of the home. 	Carried forward to a future inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to a future inspection.	
Area for improvement 2 Ref: Standard 17.10 Stated: Second time To be completed by: 10 August 2024	The registered person shall ensure that staff have access to a robust induction that assures they are equipped with the skills and knowledge to meet the needs of the young people.	Carried forward to a future inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to a future inspection.	
Area for improvement 3 Ref: Standard 17.11 Stated: Second time To be completed by: 10 August 2024	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people. This includes a robust training programme and competency assessment for staff responsible for medicines management.	Carried forward to a future inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to a future inspection.	
Area for improvement 4 Ref: Standard 17.10 Stated: Second time To be completed by: 10 August 2024	The registered person shall ensure there are appropriate staff support arrangements within the home; to include access to debriefs, promotion of reflective practice and an open and transparent culture. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to a future inspection.	Carried forward to a future inspection
Area for improvement 5 Ref: Standard 16 Stated: Second time To be completed by: 10 August 2024	The registered persons must ensure that that there is evidence of management oversight of assessments and plans which direct the care the young people receive. These records should be signed and dated, by the manager and there should be effective review arrangements recorded. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to a future inspection.	Carried forward to a future inspection

5.2 Inspection findings

5.2.1 Review of the FTC notices

Notice of failure to comply with Regulation 24 of The Children's Homes Regulations (Northern Ireland) 2005

Staffing of children's homes

24.—(1) *The registered person shall ensure that there is at all times, having regard to –*

(a) the size of the children's home, the statement of purpose, and the number and needs (including any needs arising from any disability) of the children accommodated there; and

(b) the need to safeguard and promote the health and welfare of the children accommodated in the home,

a sufficient number of suitably qualified, competent and experienced persons working at the children's home.

(2) *The registered person shall ensure that the employment of any persons on*

a temporary basis at the children's home will not prevent children from receiving such continuity of care as is necessary to meet their needs.

In relation to this notice the following actions were required by the provider to comply with this regulation:

1. Define its model to determine safe levels of staffing (including skill mix) at the Children's Home, which:
 - (a) is based on the assessed needs of the current resident group
 - (b) incorporates flexibility to respond to temporary or unplanned variations in young people's assessed needs and/or service requirements
 - (c) is informed by and consistent with the size of the home and the home's statement of purpose
 - (d) takes into consideration the outcomes of a robust risk assessment relating to group living
 - (e) defines the management and leadership structure
2. Implement an effective process for oversight and escalation of challenges relating to staffing, including management and leadership, the escalation arrangements should include deputy managers, registered manager, the provider's senior managers and Executive Team as appropriate.
3. Stabilise the current management arrangements and ensure that the revised arrangements are sufficiently robust to effectively address the quality monitoring and governance arrangements in the home.

Implement effective mechanisms to evidence and assure progress against the provider's action plan dated 10 May 2024.

Assessment of compliance

1. The provider had undertaken a review of the staffing arrangements in the home to meet the needs of the current resident young people and outlined their plans to obtain additional funding to achieve this. The review identified the need for additional permanent staff, which would address the use of a high number of bank and agency staff. However, the inspector was unable to evidence how the staffing model was developed; or what benchmarks or factors were taken into consideration to inform the decisions made. Compliance with Point 1 was assessed as not achieved.
2. It was evident attention was being given to ensuring that safe staffing levels were maintained in the service by the home's management team. There was an escalation process in place between the home's management team and the senior management team when gaps in the rota were identified. Examples were provided of problem solving solutions achieved, such as the use of experienced staff from community services, agency and bank staff and the management team supporting the delivery of direct care to the young people and/or review of daily shift plans.

However, further improvements were identified as necessary with regard to strengthening the daily information and data that was being escalated to the senior management team; to enable them to understand any immediate deficits in staffing and the realised or potential impact on the delivery of care experienced by the young people. Access to relevant,

meaningful data and feedback is essential to; understanding the scope and impact of any staffing issues and supports timely and responsive actions and development of short term and long term solutions. Compliance with Point 2 was assessed as not achieved.

3. Stable management arrangements are integral to delivering safe, effective and compassionate care. Progress was achieved with regard to stabilising the home's management arrangements; a permanent manager was in post and recruitment processes were underway for two deputy managers. Discussions with the manager provided assurances that they understood their role and responsibilities and that they had a vision for ongoing quality improvement within the service. Compliance with Point 3 was assessed as achieved.

Assurance was also obtained from discussions with the manager, principal social worker and review of meeting minutes that a structured schedule of regular meetings had been implemented which included senior management personnel from relevant departments in the organisation. The meetings provided a forum to escalate challenges with regard to staffing, analyse and prioritise issues of concern, review progress of the provider's action plan, promote accountability for progress required and foster a culture of collaborative and proactive problem solving. A senior manager chaired these meetings which enabled issues of concerns to be shared with the organisation's executive management team for review and action, as necessary.

The outstanding issues outlined above still to be addressed to achieve full compliance with this FTC notice were discussed with the provider's representatives during the meeting on 26 July 2024. The provider's senior management team demonstrated they understood the actions required to address the remaining areas of concern, and provided assurance they would be implemented by the 17 August 2024, by which compliance must be achieved.

Notice of failure to comply with Regulation 30 of The Children's Homes Regulations (Northern Ireland) 2005

Fitness of premises

30.—(2) *The registered person shall ensure that all parts of the children's home are –*

- (a)adequately lit, heated and ventilated;*
- (b)secure from unauthorised access;*
- (c)suitably furnished and equipped;*
- (d)of sound construction and kept in good structural repair externally and internally;*
- (e)kept clean and reasonably decorated and maintained; and*
- (f)equipped with what is reasonably necessary, and adapted as necessary, in order to meet the needs arising from the disability of any disabled child accommodated in the home.*

In relation to this notice the following actions were required by the provider to comply with this regulation:

1. Agree a co-ordinated action plan to progress the works required to an identified bedroom and en-suite. The action plan should be subject to regular review by the provider's multidisciplinary team, senior management and estates services and should include effective escalation measures to achieve the intended outcome and prevent delay.

2. Where necessary, submit an application to RQIA to vary the registration of the establishment, to support completion of works in Point 1.
3. Agree a refurbishment plan to provide a comfortable, welcoming, and homely internal and external environment. The refurbishment plan must ensure that the young people have access to the necessary facilities, equipment and resources to meet their needs. The refurbishment plan should be subject to regular review, by the provider's multidisciplinary team, senior management and estates services and should include effective escalation measures to achieve the intended outcome and prevent delay.
4. Undertake a review of the current system of environmental maintenance, in this children's home, to identify the gaps which led to the current poor condition of the environment.

Having identified the gaps in the current system, seek opportunities to strengthen the monitoring, governance and escalation arrangements which will in future ensure that faults, damage, or repair/replacement of equipment are reported and responded to in a timely manner.

Assessment of compliance

1. The provider's action plan submitted to RQIA outlined the refurbishment plan for the home; this plan remained subject to review at fortnightly meetings attended by relevant senior management personnel within the organisation. A review of the environment during the inspection confirmed that remedial work was underway and the manager described plans for ongoing work to be completed over the coming weeks. Compliance with Point 1 was assessed as achieved.
2. An application was submitted to RQIA to vary the registration of the establishment, to support completion of works in Point 1 on 21 May 2024. Compliance with Point 2 was assessed as achieved.
3. Capital funding has also been approved and engagement commenced with external contractors for refurbishment of the garden area and sensory room; which has taken into consideration the needs of the young people. Plans are also in place for a specialist review of the home environment to be undertaken from a neurodiversity perspective. Access to improved sensory facilities and activities will help create a more inclusive and supportive environment and help the young people to thrive. Compliance with Point 3 was assessed as achieved.
4. The system for addressing environmental maintenance in the home has also been bolstered; the management team will now attend bi-monthly meetings with the provider's estates service and a streamlined reporting system has been implemented to report any faults or damage to equipment or the environment to ensure a timely and targeted response. Compliance with Point 4 was assessed as achieved.

The improvements necessary to achieve compliance with all the actions outlined in this FTC notice were achieved. RQIA were also provided with assurance by the provider's senior management team that the improvements achieved with regard to the fitness of the premises will remain under review to ensure they are sustained and embedded.

5.2.2 Staff support arrangements

Discussions with the management team and review of senior management meeting minutes verified that the provider has made a commitment to investing in and supporting the staff team in the service.

The provider's senior management team acknowledged the challenges experienced by the staff team, as a result of; the instability in the home's management arrangements for a protracted period of time; vacancies within the staff team and the increasing complexity and diverse needs of the resident group of young people.

Resources have been identified within the organisation to support development of a strong team identity, with the intention to embed improved communication, collaboration and a unified approach to caring for the young people. A review of specialised training required for staff is also being undertaken to ensure they are equipped with the knowledge and skills needed to meet the needs of the resident young people. This will ensure staff stay up to date with the latest best practices to enable them to provide the highest standard of care.

Fortnightly team meetings and group supervisions were available for staff over the summer months, with staff development days planned for September 2024.

Additional multidisciplinary support has been secured to support staff to understand and meet the needs of the young people; with a plan to refocus on positive behaviour supports.

Arrangements were also being made to build resilience amongst staff and provide them with the skills and required strategies to support them with the challenges of their role. This will include access to monthly reflective practice sessions and development of an incident debriefing process.

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	2*	5*

* the total number of areas for improvement includes seven which are carried forward for review during future inspections.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and principal social worker 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

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Area for improvement 2 Ref: Standard 17.10 Stated: Second time	The registered person to ensure that staff have access to a robust induction that assures they are equipped with the skills and knowledge to meet the needs of the young people. Ref: 5.1

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