

Children's Home Inspection Report
IN043193
21 November 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: Registered
Brief description of how the service operates: The children living in this home have had adverse childhood experiences which has resulted in them requiring residential care.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2024 between 10 a.m. and 5.15 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.

Two areas for improvement identified at the last care inspection were met, in relation to handover records and behaviour management. One area for improvement in relation to looked after child (LAC) review meeting minutes and statutory visit records was partially met and will be restated for a second time.

Areas requiring improvement were identified in relation to the arrangements in place for meals and transport.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manager. The findings of this report will provide the manager with the necessary information to improve staff practice and young people's experience.

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 staff and management on the day of inspection. Young people were seen to be relaxed in their surroundings and engaged well with staff during inspection. No young people wanted to take the opportunity to speak with the inspector on the day of inspection, however, questionnaires were received from young people.

The questionnaires indicated that young people were of the view that staff are there for them when they need them, however also reported that staff do not help them feel safe and that they are not supported to make choices about their life. This feedback was discussed with the manager and assurances were provided regarding the supports in place to help young people gain a sense of felt safety and the systems in place to support young people to make decisions about their lives.

Feedback from staff was generally positive, they described a settled and experienced staff team who support each other and have good relationships with the young people. There were variations in feedback from staff regarding how supported they felt in their role; and the impact stress associated with cleaning duties was having on staff morale. Staff feedback was discussed with the manager and senior management post inspection; assurances were provided that management were cited on any concerns and that strategies were in place to provide staff with the appropriate level of support.

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 18 December 2023		
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: First time	The registered person shall review the handover process and ensure records are signed, dated and are maintained in line with professional standards and NISCC codes of practice.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 13 Stated: First time	The registered person shall ensure that robust and effective escalation arrangements are in place to follow up on outstanding Looked After Child (LAC) review meeting minutes and records of statutory visits.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and is discussed in section 5.2.3.	
Area for improvement 3 Ref: Standard 3 Stated: First time	The registered person shall ensure that there is effective managerial oversight of behaviour management records to ensure a proportionate, consistent, fair and measured response to managing young people's behaviour in keeping with Trust policies and procedures, regional guidance and best practice.	Met

	Action taken as confirmed during the inspection: This area for improvement was met.	
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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 records were well organised, easily accessible, and routinely updated to ensure staff remained informed about each young person's individual needs and agreed care and risk management plans. The records sampled were personalised and reflected a co-ordinated approach by those involved in the young person's care and support network.

The home had commenced the implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC). The records sampled provided staff with a detailed understanding of young people's health and emotional needs. Minutes of the associated meetings highlighted the value of the framework in fostering collaboration and a shared assessment with the multi-disciplinary team to identify and address the needs of young people. This approach will support residential teams in achieving better outcomes for young people.

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 delivery of care. Promoting young people's involvement and active participation in these meetings supported the young people to influence the way they were cared for and reinforced that their views and opinions mattered.

The inspection identified that the home did not have a cook in place and that meals were being provided by other homes. Discussion with the staff and manager identified that the young people did not have choice over the meals provided and that, at times, the transporting of the meals had impacted upon the quality of the food. An area for improvement was identified.

The home did not have adequate transport arrangements in place on the day of inspection. The home's vehicle was not available, a replacement vehicle had not been provided and a limited number of staff had the required insurance to use their own vehicles to transport young people. This had the potential to impact on the ability of staff to respond to an emergency situation in a timely manner to ensure safety. The home was relying on the use of public transport, taxis and borrowing vehicles from other homes when available. An area for improvement was identified.

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

The home was well maintained and presented as a comfortable, welcoming space. Young people's rooms had been nicely decorated and the external environment was equipped with age appropriate equipment to ensure it was a safe and pleasant setting for young people to spend time.

Concerns were raised by care staff regarding the cleaning duties which they were having to complete to ensure appropriate hygiene standards were maintained within the home. However, staff confirmed that they had the necessary training and personal protective equipment to complete these duties. Discussion with the manager confirmed that they have sourced specialist cleaners to complete deep cleans of the home on a weekly basis. The manager also confirmed that the provider's infection, prevention and control team have been providing advice and that audits are being completed regularly by the service responsible for cleaning within the organisation to ensure hygiene standards are being maintained.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. The fire risk assessment was up to date and provided the necessary assurance that the associated action plan had been completed.

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

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. Assurance was provided by the manager in relation to staff's compliance with infection, prevention and control training; however, advice was provided to include this training on the training matrix to allow for compliance levels to be easily monitored and audited.

Progress had been made to ensure that records of looked after child review meetings were available to staff working in the home. However, evidence was not available to confirm that statutory visit records were being received or that there were robust and effective escalation arrangements in place. The manager provided assurance that he will implement an audit tool to ensure progress is made in this regard. A new area for improvement was identified in relation to the escalation arrangements for statutory visit records.

Handover records are a key communication tool between staff members across shifts to ensure that important information is shared effectively. The handover records had been specifically designed to meet the needs of the home and were sufficiently detailed and consistently completed to promote effective communication between staff.

Review of rewards and consequences records confirmed clear records were maintained of measures taken by staff to promote and encourage positive behaviour responses by the young people. Robust audit arrangements were in place by the manager to ensure staff are using a proportionate, consistent, fair and measured response to managing young people's behaviour.

Restrictive practice records identified that restrictions which were being implemented within the home were supported by a robust framework of recording, which evidenced decision making and review. Actions that restricted young people had clear justification and were based on an assessment of risk, which evidenced that the restriction was needed and proportionate. The

restriction was regularly reviewed by a multi-disciplinary team and informed by consideration of young people's rights.

Complaints records evidenced good governance arrangements were in place and that there was a robust approach to the investigation of complaints. Where concerns had been identified, the service had undertaken internal investigations of incidents.

Records provided assurance that these investigations were thorough and comprehensive, with clear outcomes and findings to support continuous learning and improvement within the home.

Team meeting minutes confirmed that team meetings were held on a regular basis and were well attended. Bringing staff together on a regular basis is essential for maintaining good communication, and will support the manager to develop the shared vision and will further help to inform the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.

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	2

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	
Area for improvement 1 Ref: Regulation 13 Stated: First time To be completed by: 13 February 2025	The registered person shall ensure that young people are provided with food which is suitable for their needs and takes account of their preferences. Ref: 5.2.1 Response by registered person detailing the actions taken: Sickness absence has now ended, considerably alleviating the issues around the provision of food which is suitable for the needs of the young people and takes account of their preferences. In addition, improved communication with Patient Experience managers, and the ongoing recruitment exercises, has ensured that on the cooks off days there is a regular bank staff cook within the home.

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 13 February 2025	The registered person shall ensure that robust and effective escalation arrangements are in place to follow up on outstanding records of statutory visits. Ref: 5.2.3
	Response by registered person detailing the actions taken: The home has re-established a monthly audit of the statutory records held on file, with clear criteria for escalation to the Team Leader where those records are not forthcoming. Guidance has been issued to key working staff, and the Team Leader will also ensure that the audit reflects the due diligence taken in ensuring that records are requested as well as challenging Field Social Work staff when standards are not being met. The Team Leader will escalate to the Principal Social Worker when necessary to follow up on the request for records. In addition to this, the Governance and Improvement Lead within Childrens Residential Services has undertaken a service wide review of outstanding documentation which has been prepared for the Head of Service for review with Sector Managers within field work during monthly interface meetings.
Area for improvement 2 Ref: Standard 22.2 Stated: First time To be completed by: 13 February 2025	The registered person shall ensure a review of the transport arrangements is carried out to assess the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the children and young people, and the service. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Childrens Residential Service had previously acquired a pool car for sharing across the homes when one car is out of service. At the time of inspection this car had been getting used by another home at the same time that the home's car was off the road. The pool car has now transferred to the home, and the Head of Service has also acquired an additional vehicle for the service in the interim. A business case is also being submitted within financial year for two further additional cars across the service.

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