



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN043182
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

<p>Service Type: Children's Home</p> <p>Provider Type: Health and Social Care Trust</p> <p>Located within: – Southern Health and Social Care Trust</p>	<p>Manager status: Registered</p>
<p>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.</p> <p>Since the last inspection, the Regulation and Quality Improvement Authority (RQIA) received an application to vary the registration of the service by including an additional category of care for an identified period of time.</p> <p>Children and young people will be referred to collectively as young people throughout the remainder of this report.</p>	

2.0 Inspection summary

An unannounced inspection took place on 27 November 2024 between 9.10 a.m. and 5.50 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.

Three areas for improvement identified at the last care inspection were met in relation to handover records, young people's meetings and management oversight of behavioural management strategies. One area for improvement in relation to complaints was stated for a second time. Three new areas for improvement were identified with regard to Individual Crisis Support Plans (ICSPs), key work sessions and staff training.

The inspection concluded that the service provides individualised care, supported by multi-disciplinary collaboration to meet the needs of the young people.

The application to vary the registration of the service submitted to RQIA prior to this inspection is currently being considered by RQIA.

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 young people, staff, the manager and deputy manager.

Feedback from young people highlighted that they had formed positive relationships with a number of staff and felt confident seeking support when needed. Some areas of dissatisfaction were expressed by the young people and these were shared with the management team to ensure appropriate action and follow up.

Questionnaires were received post inspection from staff which evidenced that respondents were very satisfied that care was safe, effective, compassionate and the service was well led.

Observations and discussions with staff and the management team demonstrated a compassionate and individualised approach to supporting the young people. Emotional support and thoughtful advice were observed being given to the young people during the inspection.

Staff feedback highlighted a positive team dynamic underpinned by effective working relationships and an open, cohesive culture. The management team was described as supportive, visible and approachable, promoting open communication with staff and ensuring clear and effective information sharing.

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 1 November 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 (2) Stated: First time	The registered person shall ensure that handover records should consistently be signed, dated and maintained in line with professional standards and in accordance with NISCC codes of practice.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 1 (2) Stated: First time	The registered person shall ensure that regular residents meetings take place where young people have the opportunity to raise issues directly with the manager or other relevant children's home staff.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 3 (12) Stated: First time	The registered person shall ensure that there is management oversight of behaviour management strategies to ensure that there is proportionate, consistent and trauma informed responses to young people's behaviour.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 4 Ref: Standard 21 (11) (12) Stated: First time	The registered person shall ensure that young people are able to and are encouraged to sign the complaints record to indicate their satisfaction or otherwise with the management and outcome of the complaint. There should be mechanisms in place to use this information to audit the effectiveness of the complaints process.	Not met
	Action taken as confirmed during the inspection: There was insufficient evidence to confirm that this area for improvement was met. This is discussed further in Section 5.2.3. This area for improvement has been stated for a second time.	

5.2 Inspection findings

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

The home was sufficiently staffed, ensuring young people had access to their caregivers when needed. Staff were observed actively engaging with young people and supporting their daily routines.

Discussions with staff and young people raised no concerns regarding staff availability. The service had no current vacancies and had access to an experienced cohort of as and when (temporary) staff to support the rota when necessary. This ensures operational continuity, providing stability and consistent care for young people and staff.

Feedback from staff and the management team indicated effective communication arrangements within the team, ensuring staff were well informed about young people's needs and agreed interventions through daily handovers, regular supervision, team meetings, and reflective practice forums. However, some areas for improvements were identified in the written records maintained within the young people's files which guide staff intervention.

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 assist staff in responding to challenging situations by outlining tailored approaches to manage distress, de-escalate, and make informed decisions, promoting consistent and proactive care. They should be regularly updated to provide clear guidance and specify 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 the manager noted that staff engaged in individual key work sessions with the young people, it was difficult to evidence these sessions within the young people's records. Improved planning, recording and auditing of key work sessions aligned with the specific needs outlined in the care plan for each young person is required. The records should also clearly reflect the effectiveness of these sessions and future plans. This approach will help maintain momentum with goals identified, promote staff accountability, and enable young people to see progress and change, boosting their self-esteem and giving them a sense of control. An area for improvement was identified.

5.2.2 How does the service ensure that risks are effectively managed?

Staff training must reflect the needs of young people, enabling staff to manage risks effectively. Whilst some staff had undertaken additional training in specific areas, a significant proportion still required this. The auditing of training compliance requires improvement to ensure core staff, as and when (temporary) staff, and domestic and auxiliary staff receive necessary updates. An area for improvement was identified.

There was evidence of regular multidisciplinary collaboration to support young people's holistic needs. Meetings were scheduled to assess risks and plan appropriate interventions aimed at achieving positive outcomes for the young people. Records reflected an individualised and co-ordinated approach, involving relevant professionals to address the high risk behaviours. However, the inspector noted that the minutes of these meetings were not consistently available within the young people's records and advised the manager to address this. The manager agreed to raise this matter with the young people's statutory social workers, where relevant, to ensure improved record keeping practices.

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

Discussions with the management team and staff highlighted a rights-based approach to supporting young people. This approach emphasised empowering young people to understand risks, develop risk competency, and reflect on how their behaviours and actions impact their wellbeing and the well-being of others.

The management team outlined their approach to supporting staff in focusing on natural consequences as part of their behaviour management strategies. Guidance was given to the management team to ensure behaviour management records are updated to include an evaluation of how effective the actions taken have been. Review of records indicated an emphasis on rewarding positive behaviours with individualised activities and incentives offered to the young people in recognition of their efforts and achievements.

It was positive to note that regular meetings were held with young people, providing them with an opportunity to access information, share their views, and have an impact on decisions that affect them. Advice was provided to the management team to enhance the minutes of these meetings by including an action plan with designated action owners and timescales, which can be reviewed at each subsequent meeting. This approach will help young people see the impact of their input and ensure that issues are addressed effectively.

Discussions with the management team confirmed that the service acknowledges and addresses complaints appropriately, ensuring investigations are carried out and outcomes communicated to the complainant. However, the current system for recording complaints does not adequately support the documentation of the complaints process, including outcomes and any learning on how issues are to be addressed, where applicable. An area for improvement was identified for a second time.

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
Total number of Areas for Improvement	0	4*

* 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	
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 Ref: Standard 21 (11) (12) Stated: Second time To be completed by: 16 January 2025	<p>The registered person shall ensure that young people are able to and are encouraged to sign the complaints record to indicate their satisfaction or otherwise with the management and outcome of the complaint. There should be mechanisms in place to use this information to audit the effectiveness of the complaints process.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Ongoing. The complaints process and documentation used to record any complaints are Trustwide and managed through the Trust Governance Team. Management are committed to ensuring young people are satisfied with the investigation and outcome of any complaints. Development of an appropriate audit tool is currently being progressed and this will ensure management review the complaints record on a monthly basis, seek an update/outcome if not already known and record this along with young people's signature and feedback on outcome/handling of complaint.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2025</p>	<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 within supervision with relevant key worker and manager. This will allow the manager to monitor the ICSPs to ensure these continue to clearly outline any pre-agreed permissible holds as well as the rationale for same.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 2</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2025</p>	<p>The registered person shall ensure that young people have access to regular key work sessions that support their development and progress towards identified goals, with records clearly reflecting the effectiveness of these sessions and future plans. There should also be mechanisms in place to clearly evidence and audit these sessions.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Achieved and ongoing. All young people have now got a paperbased folder containing individual work sessions separate to the PARIS recordings. The Monthly Monitoring Officer will sample one young persons keywork sessions folder during the monitoring visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2025</p>	<p>The registered person shall ensure there are robust governance arrangements in place to ensure effective oversight and monitoring of staff's compliance rates in training areas aligned to the needs of the young people, in order to drive improvement in this area. This should also include as and when and domestic/auxiliary staff, as applicable.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Training specific to young people's needs is regularly reviewed and captured in the Training Needs Analysis undertaken by the Trust Training Team yearly. The Training Team are responsive to requests for specific training to be sourced and delivered in line with the ever changing needs of the young people</p>

	resident. This process will be ongoing and appropriate training will be delivered to ensure best practice in responding to individual young people's needs. This training will be available to domestic/auxiliary staff where applicable and recorded within the training matrix.
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