



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN043043
15 May 2024

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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
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. Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service to reduce the lower age range for an identified period. 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 15 May 2024 between 9.30 a.m. and 5.00 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.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Eight areas for improvement from the previous care inspection were met. These were in relation to restrictive practices, the environment, environmental risk assessments, handover records, daily logs, young people's care documentation, physical interventions, staff training.

No new areas for improvement were identified.

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 and staff on the day of inspection.

Feedback from staff provided a positive view regarding the support from the management team and the morale amongst the team. This was attributed to improvements in communication, as a result of increased frequency in team meetings and staff huddles. Staff acknowledged the challenging group dynamics within the home in recent times and the impact the environment can have on young people's lived experience; however, they reported that all possible mitigating actions were being taken.

Feedback from young people indicated that staff were supportive, approachable and that good relationships existed between staff and young people. Young people reported that they were provided with opportunities to contribute towards the running of the home. Young people indicated dissatisfaction with the environment, however, also acknowledged mitigating actions which have been taken; this is discussed in greater detail in section 5.2.3.

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 5 September 2023		
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: First time	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that: restrictive practices are <ul style="list-style-type: none"> - implemented on the basis of an assessed need or risk related to the individual young person - the least restrictive option and all other options have been exhausted - have been agreed with the multi-disciplinary team, the young person and/or their representative as appropriate, - there is a timescale for review, which will involve review of its effectiveness/outcomes and the impact on the young person. 	Met
	Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.4.	
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: 5 December 2023	The registered person shall ensure that identified unused rooms are repurposed to provide young people with additional recreational space. An updated floor plan should be submitted to RQIA which confirms the intended use of each room. A review should also be undertaken of the young people's bedrooms and actions taken to ensure this space is reasonably decorated and maintained; in particular, any bedrooms which contain aged carpet or steel sinks should be upgraded to ensure this is a homely space for young people.	Met

	Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.3.	
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: Third time	The registered person shall ensure that handover records are sufficiently improved to ensure that they identify: <ul style="list-style-type: none"> What the agreed plans are for the day; any relevant risk management arrangements, including, the deployment of staff and any specific supervision or monitoring arrangements. 	Met
	Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.1.	
Area for improvement 2 Ref: Standard 18 Stated: Third time	The registered person shall ensure that daily logs are sufficiently improved to ensure that they: meaningfully reflect the young person's lived experience, with an overview of the young people's wellbeing and activities each day and reflect staff engagement with the young people and risk management interventions as applicable.	Met
	Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.1.	
Area for improvement 3 Ref: Standard 4 Stated: Third time	The registered person shall ensure that the young people's risk assessments and safety plans: <ul style="list-style-type: none"> clearly direct and guide staff in the management of identified risks and support the young people to keep safe are reviewed regularly to measure and ensure effectiveness are reviewed by the management team. 	Met

	Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.1.	
Area for improvement 4 Ref: Standard 16 Stated: Second time	The registered person shall ensure that appropriate management systems are in place to ensure effective and timely review of physical interventions that assure records are fully completed and the views of the young person have been sought. Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.4.	Met
Area for improvement 5 Ref: Standard 17.11 Stated: Second time	The registered person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people. A training plan should be returned with this QIP which includes details of actions taken/to be taken so as to address any outstanding training needs for all staff including bank and agency staff. Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.2.	Met
Area for improvement 6 Ref: Standard 22.3 Stated: First time	The registered person shall ensure that those working in the home have access to an up to date risk assessment relating to the adjacent building site; in order to facilitate the person in charge of the home at any given time to ensure appropriate measures are in place and actioned to maintain a safe environment for young people, staff and visitors.	Met

	Action taken as confirmed during the inspection: This area for improvement was met and will be discussed in greater detail in section 5.2.3.	
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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?

Review of young people's files and daily logs provided evidence that the quality of recording was of a high standard and the detail reflected the young peoples' needs and lived experience. The records sampled were up to date, frequently reviewed, reflective of the current risks and provided clear guidance to staff providing direct care to the young people. The daily logs, handovers and staff huddle records contained evidence of analysis of events, dynamic risk assessment and discussion of strategies staff can use to best work with young people.

Sampling of evidence provided assurance that there were robust therapeutic supports available within the service. Records evidenced that there are robust assessments of young people's therapeutic needs and frequent consultations with therapeutic services to review progress and provide guidance to staff working with the young people.

Inspection of evidence confirmed that young people regularly attended meetings in the home with the aim to promote young people's opportunities to share their views and opinions and contribute towards the running of the home. Young people's meeting minutes evidenced that staff aimed to gather their preferences, ideas and suggestions regarding matters that impact on the running of the home and that actions were agreed and change resulted from these suggestions.

5.2.2 How does the service ensure that safe staffing arrangements are in place?

Discussion with the manager identified that there were a number of vacancies within the staff team. Assurance was provided that there was ongoing active recruitment in order to fill these vacancies, and that the rota was being supplemented by consistent agency staff to ensure safe staffing levels.

Inspection of 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. Although the home was in the process of improving their training records, sufficient progress had been made for this area for improvement to be met.

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

Improvements had been made since the last inspection, where possible, to provide a homely environment for the young people. Rooms had been repurposed to include a sensory room and a games room for the young people. The manager provided assurances that updated floor plans would be provided to RQIA. The Statement of Purpose also required updating to reflect the change in the use of rooms. Necessary improvements had also been made to young people's bedrooms; with young people taking ownership over the design of their bedroom.

Concerns remained however with regards to, the heating system, the limited external space for the young people to use and the ongoing external works in the surrounding area. However, assurances were provided by the manager regarding the measures which have been taken and which are planned, to reduce the negative impact of the heating system upon young people and staff.

The repurposing of rooms within the building was an action taken to mitigate against the impact of limited external space for the young people. The manager also outlined that plans were ongoing regarding a replacement building that would better meet the needs of the young people. An up to date risk assessment was available for inspection which assessed the risks posed by the surrounding external works and contained mitigating actions to reduce or manage the risk.

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

Inspection of evidence identified that restrictive practices were being used in line with the Department of Health's Regional Policy on the use of Restrictive Practices in Health and Social Care Settings (2023). The use of restrictive practices were planned, considered and agreed; this ensured that the least restrictive approach was used to reduce risk and achieve a therapeutic benefit. Evidence was available of restrictive practices being reviewed to ensure that the restriction was in place for the shortest possible time.

Sampling of physical intervention records identified robust recording of incidents and that physical interventions were being carried out in line with Individual Crisis Support Plans. However, records sampled on the day of inspection did not provide the necessary assurance that there were effective systems in place to ensure management oversight of physical interventions.

Evidence submitted post inspection provided assurance that there are systems in place to ensure effective and timely review of physical interventions. Advice was provided for the service to evidence and audit managerial oversight of individual incident records; this is to ensure all incidents of physical intervention are being reviewed and any learning extracted and shared.

Sampling of team meeting minutes during inspection identified that staff are provided with regular opportunities to meet together as a group. This is essential for ensuring the effectiveness of the team, consistency of care provided to the young people, and promotes collective responsibility amongst the staff team. Pertinent topics of importance to the care of the young people were discussed, with a clear guide developed for staff to support their work with the young people.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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