

**Children's Home Inspection Report**  
**IN0043185**  
**21 October 2024**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

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| <b>Service Type:</b><br>Children's Home<br><br><b>Provider Type:</b><br>Health and Social Care Trust<br><br><b>Located within:</b> – Southern Health and Social Care Trust   | <b>Manager status:</b><br>Not registered |
| <b>Brief description of how the service operates:</b><br><br>The children living in this home may have had traumatic experiences and have been assessed as in need of residential care.<br><br>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 21 October 2024 between 9.30 a.m. and 6.15 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 young people's meetings and complaints management. Three areas for improvement in relation to specific staff training was subsumed in to a new area for improvement with regard to oversight and monitoring of compliance with training. Two additional areas for improvement were identified with regard to restrictive practices and Individual Crisis Support Plans (ICSPs).

Enforcement action commenced as a result of this inspection. Enforcement action aims to ensure compliance with regulations and minimum standards; to effect improvements; and to afford protection to children and young people. RQIA met with the provider's representatives on 7 November 2024 to discuss serious concerns with respect to The Children's Homes Regulations (Northern Ireland) 2005, Regulation 11 – Promotion of Welfare and Regulation 24 – Staffing of Children's Homes.

At the Serious Concerns meeting, the provider's representatives provided an account of the actions progressed and planned regarding the arrangements in place to promote the safety and wellbeing of young people in the home; and in relation to staffing. The action plan provided assurances that the provider had the capacity to drive forward the necessary improvements to meet the needs of the young people. RQIA have accepted the actions detailed in the plan are targeted on achieving compliance with the identified Regulations.

It was agreed with the provider's representatives that the monthly reports on the conduct of the home, submitted to RQIA, in accordance with Regulation 32 (5) (a) of The Children's Home Regulations (Northern Ireland) 2005, will report upon the effectiveness of the action plan and/or any barriers to driving improvement, until such time as determined by RQIA.

The findings of this report will provide the manager and senior management team 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 met with young people, staff and the manager during the inspection.

Feedback from the young people and observations of their interactions with the manager and staff demonstrated that they shared positive and trusting relationships with staff. They reported feeling safe and well cared for, highlighting the quality of care provided by staff. Furthermore, the manager and staff actively sought their views, listened to their feedback, and took their opinions into account, fostering a sense of value and inclusion.

Discussions with staff and the manager evidenced their commitment to providing timely and appropriate care to support the safety and wellbeing of the young people. However, staff reflected that they were concerned about the high risk behaviours engaged in by the young people. Staff described not feeling assured or confident in their roles due to the complexity and competing needs of the resident group. Staff feedback also indicated that the frequency and seriousness of high risk behaviours have had a cumulative negative impact on their wellbeing. In response to the issues raised, RQIA sought feedback from the provider's representatives during the meeting on 7 November 2024 about the actions being taken and planned to support and equip staff with the necessary resources, guidance and training to support them to confidently and effectively fulfil their role. This is discussed further in the report.

It was reassuring to note that staff were positive with regard to team cohesion and described good communication and positive relationships amongst the staff team, the manager and senior management 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 3 August 2023   |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005                              |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> Second time                                  | The registered person shall ensure that there are training opportunities for staff to update their knowledge and skills in fire safety on a six monthly basis as reflected within the minimum standards.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been subsumed into a new area for improvement regarding oversight and monitoring of compliance with training. This is discussed further in Section 5.2.2. |                          |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> | The registered person shall ensure that all staff complete training in Safeguarding in keeping with the practice model adopted by the home.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been subsumed into a new area for improvement   |                          |

|   |   |            |
|---|---|------------|
|   | regarding oversight and monitoring of compliance with training. This is discussed further in Section 5.2.2.   |            |
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 17<br><b>Stated:</b> First time           | <p>The registered person shall ensure that all staff complete training in First Aid in keeping with the practice model adopted by the home.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>         This area for improvement has been subsumed into a new area for improvement regarding oversight and monitoring of compliance with training. This is discussed further in Section 5.2.2.</p> | <b>Met</b> |
| <b>Area for improvement 4</b><br><b>Ref:</b> Standard 21 (11) (12)<br><b>Stated:</b> First time | <p>The registered person shall ensure that young people's satisfaction levels or otherwise with the management and outcome of any complaint made is recorded and used to evaluate the effectiveness of the complaints procedures.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>         This area for improvement was met.</p>  | <b>Met</b> |
| <b>Area for improvement 5</b><br><b>Ref:</b> Standard 1 (1) (4)<br><b>Stated:</b> First time    | <p>The registered person shall ensure that regular residents' meetings occur where young people's views, wishes and feelings are sought and acted upon appropriately.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>         This area for improvement was met.</p>  | <b>Met</b> |

## 5.2 Inspection findings

### 5.2.1 How does the service ensure young people are receiving care and support which promotes positive behaviour and promotes their safety and wellbeing?

Review of records and engagement with staff and the management team confirmed staff were working in challenging circumstances as a result of the complex needs of the young people and associated high risk behaviours. Despite these challenges, staff remained committed and demonstrated a determination to keep the young people safe and provide opportunities for positive experiences.



During a meeting with the provider's senior management team as outlined in Section 2.0, the representatives provided an account of actions taken to date to ensure that placement decisions made were consistent with the service's Statement of Purpose and the support it can provide. Assurances were provided to RQIA that these decisions considered the specific needs of the young people and aimed to match them with the service's capacity to deliver appropriate specialised support. They confirmed day to day risk management strategies were robust and effectively implemented to reduce incidents. Assurance was also provided that the senior management team maintained comprehensive oversight of the home, including the review and analysis of incidents and any potential or realised impact on the young people and staff. This oversight also encompassed the lived experiences of the young people, to ensure they were supported to engage in individualised activities and fulfil their care plans.

Additionally, the provider's therapeutic psychology service worked in partnership with the young people and the staff team to inform care planning, identifying strategies, providing tailored support for both staff and young people, ensuring a collaborative approach to meeting their needs.

To support the stability of the young people and staff team, the senior management team reported they were aiming to limit further admissions to the home at this time. However, they agreed that if an admission becomes necessary, they will notify RQIA and provide assurance that a comprehensive group risk and impact assessment has been completed, and any potential risks identified would be mitigated against.

Records to guide and direct staff in supporting young people's safety and wellbeing, such as risk assessments and individual crisis support plans (ICSPs) were individualised and detailed. However, it is essential that these documents are kept up to date and regularly reviewed to ensure they remain effective and responsive to any changes or emerging concerns. The manager acknowledged this and agreed to take appropriate action.

Therapeutic Crisis Intervention (TCI) is a care model implemented by staff to support the safety and wellbeing of the young people. ICSPs reviewed emphasised de-escalation techniques, and an understanding of the underlying causes of behaviours which challenge. Whilst physical intervention is only used as a last resort, ICSPs should clearly outline pre-agreed permissible holds that are appropriate to each young person's specific circumstances and history. This will ensure that any physical intervention is used safely, ethically, and as part of a comprehensive strategy to manage crises. An area for improvement was identified.

Discussions with young people and observations provided assurances that a young person centred approach was embedded in the service. There was evidence of formal and informal mechanisms available to ensure their voices were heard, respected and acted upon. This approach helps empower young people to influence their care, improving care interventions, building trust, and aligning support with their evolving needs and preferences.

### **5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?**

Recent improvements in staffing arrangements were achieved through recruitment and the return of staff from periods of absence. However, the manager was routinely involved in supporting the rota and providing direct care of the young people. Whilst, the manager's strong visual presence in the home supports staff, role models best practice and ensures care remains trauma informed and consistent, this has the potential risk of impacting their ability to undertake key governance tasks associated with their role as the manager.

Additionally, when young people present with high risk behaviours, it is essential that there are the right number of staff, with the right skills, knowledge and training to respond to the needs of the entire group, and to ensure that the staffing resource required to support a young person in crisis does not compromise the support available to others in the home.

These concerns were discussed during the meeting on 7 November 2024 and the provider's senior management team provided RQIA with assurances that they maintained operational oversight of the staffing arrangements in the home, which were regularly reviewed and adjusted to meet the needs of the young people. Furthermore, senior management staff were visible and available in the home at regular intervals, to support the manager with governance tasks and staff support arrangements.

It is essential that staff possess the appropriate skills and specialised training to enable them to effectively support young people with diverse and complex needs; and that the arrangements in place to support staff are responsive to the potential impact of their work upon their own wellbeing.

Whilst staff had received some targeted training for the needs of the young people, additional training was required to equip them with the skills necessary to manage risks effectively. Although staff feedback confirmed that the management team were supportive of staff wellbeing following incidents, it was noted that the existing support mechanisms in place were less effective in addressing the cumulative impact of these incidents.

These concerns were discussed during the meeting 7 November 2024 and the senior management team provided RQIA with assurances that actions were being taken to ensure staff had access to the necessary specialised training and were equipped to manage any associated risks. They also reaffirmed their commitment to engage with staff, with the support of the provider's psychology service, to enhance staff support as necessary.

A review of the staff training matrix highlighted a number of gaps in compliance with mandatory training. The manager reflected that whilst action was taken to address compliance with fire safety, safeguarding and first aid training as areas for improvement identified following the last inspection; staff absences and recruitment of new staff had impacted on compliance levels. Therefore, as outlined in Section 5.1, the areas for improvement with regard to training were subsumed into a new area for improvement.

Additionally, the training matrix did not evidence staff had received training in areas such as deprivation of liberty safeguards, equality and diversity, and child sexual exploitation. The manager committed to undertaking a training needs analysis to ensure staff training is aligned to the needs of the young people and compliant with the Minimum Standards for Children's Homes 2023. This will support the development of a training plan, implementation of mitigating actions as necessary, and improve the oversight and monitoring of staff training. A new area for improvement was identified.

### **5.2.3 How does the service ensure that risks are effectively managed?**

Discussions with staff, the manager and senior management team identified that they were committed to the delivery of safe, effective and compassionate care. There was evidence of regular professional meetings to work collaboratively across a range of disciplines to identify and discuss risks pertaining to the behaviours of young people. However, the inspection identified areas where improvements could be made to strengthen risk management arrangements and ensure that oversight and governance were effective in monitoring and

mitigating risks that could impact the safety and quality of care provided. Risks and associated control measures should be subject to robust regular reviews to ensure their ongoing effectiveness.

During the meeting on 7 November 2024, the provider's representatives gave a commitment to reviewing relevant risk assessments in collaboration with the provider's Estates, Health and Safety Departments, and operational teams. This review will take into account any wider environmental risks identified in the home and escalation of identified risks to the relevant risk registers where applicable.

Restrictive practices were observed to be implemented within the home as a response to assessed risks and concerns. These practices included both environmental restrictions and young person specific measures aimed at mitigating or reducing risks. However, there was insufficient evidence available to demonstrate that decision making was consistently supported by a comprehensive restrictive practice framework.

A framework to guide and support decision making can protect and promote young people's human rights and support timely reviews and/or timely consideration of reduction plans. It will also provide assurance that any unintended consequences for other young people as a result of restrictive measures in place are both understood and mitigated against. An area for improvement was identified.

## 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 |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 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  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 16<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>16 December 2024 | <p>The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that:</p> <ul style="list-style-type: none"> <li>- it is implemented on the basis of an assessed need or risk related to the individual young person</li> <li>- it is the least restrictive option and all other options have been exhausted</li> <li>- it has been agreed with the multi-disciplinary team, the young person and/or their representative as appropriate,</li> <li>- there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary.</li> </ul> <p>Ref: 5.2.3</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/> Ongoing. The Residential Operational Manager, Acting Team Leader and Scaffold Psychologist now have a specific meeting in place to review the Restrictive Measures being used within the home to safeguard young people. It is hoped this meeting will be held weekly, but at a minimum of fortnightly at least. Restrictive measures are also discussed at the young people's Care Network meetings with the multi disciplinary team. A phased plan to reduce Restrictive Measures is in place to be implemented in line with young people's wishes and risk assessment.</p>   |
| Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)                                    |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 6<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>16 December 2024    | <p>The registered person shall ensure that Individual Crisis Support Plans (ICSPs) clearly detail the agreed physical holds, 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><b>Response by registered person detailing the actions taken:</b><br/> Achieved and ongoing. Each of the young people's individual ICSP's will continue to be reviewed on a regular basis.</p>   |

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| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>16 December 2024 | 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, in order to drive improvement in this area. This should also include as and when and domestic/auxiliary staff, as applicable.<br><br>Ref: 5.2.2                     |
|   | <b>Response by registered person detailing the actions taken:</b><br>Ongoing. Acting Team Leader and Operational Manager will continue to review the training matrix for the whole staff team as a means of monitoring training compliance. There will be a focus on ensuring all staff are up to date for all mandatory and best practice training. |

***\*Please ensure this document is completed in full and returned via the Web Portal\****



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