The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048885

27th November 2025

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:** Independent Provider **Located within:** – Western Health and Social Care Trust	**Manager status:** Not registered-application submitted
Brief description of how the service operates: This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023). The children living in this home have had adverse childhood experiences which has resulted in them requiring 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 unannounced inspection took place on 27 November 2025 between 10.50 a.m. and 4.35 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 inspection were assessed as met, in relation to internet safety and the submission of a registered manager application.

One area for improvement was identified in relation to restrictive practices.

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

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 person in charge 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.

Staff provided a positive view regarding the support available from the management team, who were described as approachable and attentive. Staff reported that the care provided to young people was person centred and compassionate. Morale was high amongst the staff team, and they described a settled team who support each other to provide the best possible care to the young people.

Feedback from young people provided a positive view regarding the relationships between young people and staff. They reported that staff were approachable, attentive and engaged young people in activities. Young people reported that the home was comfortable and that their views were considered and contributed towards the running of the home. Specific issues raised by young people in relation to individual care planning matters were discussed with the person in charge at the conclusion of the inspection. The inspector was assured that there were robust systems in place in relation to care planning.

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 25th November 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 7 **Stated:** First time	The registered person shall ensure that an application to register a person as manager is submitted without delay.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
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 3 **Stated:** First time	The responsible person shall ensure that action is taken to review effectiveness of internet safety within the home. Young people should be consulted as part of this review.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

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 daily logs identified that the quality of recording was of a good standard and the detail reflected the young people's lived experience. These records, along with feedback from staff and young people, provided assurance that the staff team were committed to engaging with the young people in a therapeutic manner. Discussions with staff confirmed they knew the young people well, how they liked to be cared for, and the agreed strategies that promoted their safety and wellbeing.

Records were available to support and direct staff in their interventions with the young people; such as, safety plans and care maps. Evidence was available that these records were regularly reviewed and updated and were reflective of the current risks and needs of the young people.

Incident records evidenced that staff were responsive to immediate risks with robust action, reporting and recording by staff in response to challenging incidents. Records identified arrangements were in place to ensure robust governance and oversight of incidents by senior management and processes to ensure learning and feedback could be provided to staff.

Visits by an independent social worker are integral to promoting young people's safety and wellbeing. The visits aim to assess the quality of care the young people are receiving, and ensure that the young person's needs are being met in accordance with their care plan. Evidence was available that young people were being visited on a regular basis by an independent social worker.

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

Young people thrive when they have access to consistent caregivers and when they have the opportunity to form stable and enduring relationships. Sampling of the rota and discussion with the person in charge confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people. There was a consistent staff team available to the young people.

Training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in key areas such as safeguarding and fire training.

Evidence was available to confirm that staff employed within the home were subject to safe and robust recruitment practices consistent with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. This is an essential mechanism that supports managers to ensure safe staffing arrangements and safe care for young people within the home.

Regular supervision is essential to enhance professional competence, ensure quality service delivery, and support the personal and professional growth of staff members who are working with young people. Records were available to confirm that staff were receiving supervision from their identified line manager on a regular basis.

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

The home was nicely decorated and presented as a comfortable, homely space for young people to live; with soft furnishings being utilised to create a welcoming environment. Young people reported that their bedrooms were decorated in line with their wishes and feelings and that they were happy with the quality of the environment. A well maintained and welcoming outdoor space was also available to the young people.

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

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

Team meetings occurred on a regular basis; they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people. Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day-to-day basis to meet the needs of the young people.

Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. Actions that restrict young people must have clear justification and be based on an assessment of risk, which evidences that the restriction is needed and proportionate. Restrictions must be regularly reviewed by a multi-disciplinary team and informed by consideration of young people's rights. Restrictive practice records identified that some restrictions which were being implemented within the home were not supported by a robust framework of recording, which evidenced decision making and review. This has been identified as an area for improvement.

Advice was provided to the person in charge of the home that contact should be made with the authority responsible for the area within which this home is located. The home should ensure the authority is upholding its responsibilities in line with Article 77 of The Children (Northern Ireland) Order 1995, to make arrangements to satisfy itself that this home is satisfactorily safeguarding and promoting the welfare of the children accommodated.

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.**

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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 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: - it is implemented on the basis of an assessed need or risk related to the individual child

To be completed by: 22 January 2026	- it is the least restrictive option and all other options have been exhausted - it has been agreed with the young person's network, the child and/or their representative as appropriate - there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary. Ref: 5.2.4
	Response by registered person detailing the actions taken: An updated restrictive policy has been rolled out across the organisation this is in line with the DOH guidance to registered services. An updated template has been added to the back of the Care Map documents this is called a Restrictive Register and will be updated by the homes Registered Manager in conjunction with partners that are involved in the multi-disciplinary of care for the young people. The restrictive practice register is sent on a monthly basis to social worker and the restrictive practice is to be reviewed bi-weekly and updated. The register and the policy are to be coherent and go hand in hand to ensure that it is based on assessment of risk and is the less restrictive option used and for a time limited period. The need for the restriction needs to be reviewed bi-weekly and updated accordingly within the register. Registered Manager has reviewed and action the information required within this QIP to the relevant social worker and has completed a review on the restriction within the register service.

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

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