The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048756

13 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:** Health and Social Care Trust **Located within:** – Northern Heath and Social Care Trust	**Manager status:** Registered

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 been assessed as having intellectual needs/ disability and in need of medium to long-term care or short breaks in residential care.

Children and young people will be referred to collectively as young people throughout the remainder of this report.

Since the last inspection, RQIA applied a condition to the registration of this home in agreement with the provider, limiting the number of medium to long-term places in the home and operation of short breaks.

2.0 Inspection summary

An unannounced inspection took place on 13 November 2025 between 9.30 a.m. and 4.30 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. Areas for improvement in relation to staffing arrangements and parking spaces were assessed as met. Areas requiring improvement were identified in relation to staff meetings and young people's care plans.

Young people were supported by an experienced and qualified staff team. Staffs approach was young person centred, informed by a comprehensive assessment of the young people's needs and supported by effective communication between staff.

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

The findings of this report will provide the 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 spoke with young people and staff.

Young people who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings and engaged well with staff.

Discussions with staff confirmed that they felt positive about their roles, how young people were supported, and the support available to them from the management team.

Staff spoke of the importance of the provider continuing their ongoing efforts to recruit to vacant posts. A stable team promotes better outcomes for young people through the development of long-term meaningful relationships with a stable and consistent staff group.

Staff held differing views on the overall effectiveness of the process for supporting young people's transitions from the service. This feedback was shared with the management team with assurances received that this information would be considered in future service

improvement discussions within the organisation, with the aim to identify what learning and improvements could be made.

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 13 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 24 **Stated:** Second time **To be completed by:** 28th March 2025	The registered person shall review the staffing arrangements to ensure that the staffing compliment is consistent with the individual needs of the children, the size of the home, and the statement of purpose. Evidence of this review and actions taken to achieve compliance with any actions identified must be available for inspection. Ref: 5.2.1	**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 11 **Stated:** First time **To be completed by:** **31st May 2025**	The registered person shall ensure there is further engagement with staff with respect to the arrangements in place that ensure car parking spaces for visitors and staff are provided, which are consistent with the number of young people accommodated and the available spaces. Evidence of engagement with staff and the Trusts plan to meet this standard should be maintained and made available for inspection. Ref: 5.2.3	**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?

Review of records and discussions with the management team confirmed that prior to any young person's admission to the home, the decision was informed by a comprehensive assessment of the young people's needs and wishes. The young person's needs were accurately matched to what the home could offer.

Discussions with staff and the management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led.

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 coordinated approach by those involved in the young person's care. The risk assessments completed were comprehensive with a range of strategies in place to keep young people safe.

The care plans however were not sufficiently outcome focused and should be further developed to identify clear care goals for each of the young people. Establishing and then reviewing care goals enables young people to reach their fullest potential in terms of their emotional, social and physical well-being. An area for improvement was identified.

Handover records are a key communication tool between staff members across shifts to ensure that essential information is shared effectively. The handover records were sufficiently detailed and consistently completed, to promote effective communication between staff.

The use of physical interventions were considered by the manager and staff to be a last resort, implemented only when necessary and in proportion to the potential risk of harm. Records evidenced robust monitoring and oversight arrangements were in place to review staff practice and ensure they remained proportionate and responsive to young people's needs.

Environmental restriction records evidenced the restrictions implemented were; based on an up to date assessment of risk, proportionate, agreed by relevant others, in place for the least amount of time, with a reduction plan in place as necessary.

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

Responsive staffing arrangements are essential to; safeguard and promote the health and wellbeing of the young people and adhere to safety plans. Recruitment by the provider to fill any vacant posts was ongoing. Discussion with the management team demonstrated that the recruitment process was value based with a strong emphasis on only employing staff equipped with the required values, skills and knowledge to meet the complex needs of the young people.

The manager described the staffing levels, which had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced staffing levels were consistent with the levels described; and were reviewed on an ongoing basis to ensure they remained consistent with the needs of the group of young people in the home. The core team was being supported through the use of experienced bank and agency staff members.

Training which is responsive to the needs of the young people and of the staff team contributes to building upon staff confidence, skill and resilience, and further ensures staff are equipped to meet any complex needs within the resident group. Discussions with the management team and a review of the staff training matrix demonstrated that staff had completed essential training. Access to essential and specialist training is necessary to ensure all staff are skilled and equipped to deliver child centred, safe and effective care and support.

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

The home overall was well maintained and presented as a comfortable, welcoming space. The internal and external environments were equipped with age appropriate equipment to ensure it was a safe and therapeutic setting for the young people to spend time. Some environmental damage, whilst visible, was being addressed. Progress with this will be monitored via monthly monitoring reports and future inspection activity.

Fire safety records evidenced that fire safety checks, fire drills and fire training were completed regularly. A current annual fire risk assessment was in place with the associated action plan completed by the manager.

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

Review of records demonstrated that regular team meetings were not taking place. Team meetings are crucial for fostering a collaborative child centred approach, they provide opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to care. An area for improvement was identified.

Induction and competency assessments were completed with staff by the management team, providing assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the young people in the home. This process supports managers to promote a consistent approach in relation to daily practices within the home.

Staff received regular supervision. Records confirmed robust governance arrangements were in place to monitor and review compliance with the supervision model adopted by the provider.

Review of staff records identified that the manager had access to agency staff recruitment information and associated documents to ensure adherence with Regulation 25 (3) Schedule 2 Information of The Children's Homes Regulations (Northern Ireland) 2005.

A system was also in place to monitor the Northern Ireland Social care Council (NISCC) registration requirements for all social care and social work staff. Advice was given as to how these arrangements could be strengthened. This will be reviewed during future inspection activity.

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	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.

This inspection resulted in two 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.

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 2 **Stated:** First time **To be completed by:** 13 February 2026	The responsible person shall ensure that care plans are outcome focused , clearly identifying the care goals which will support the young people to reach their fullest potential in terms of their emotional, social and physical well-being. Ref: 5.2.1
	Response by registered person detailing the actions taken: As a Residential service dates have been identified for all managers to meet as a working group to devise a document that clearly identifies care goals that will support all young people to reach their full potential in terms of emotional, social and physical wellbeing.
Area for improvement 2 **Ref:** Standard 17	The responsible person shall ensure that staff meetings take place on a regular basis and at least monthly. Ref: 5.2.4

Stated: First time **To be completed by:** 13 January 2026	
	Response by registered person detailing the actions taken: As registered manager I have scheduled dates for team meetings in advance for the whole year.

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

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