The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048759

6 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:** – Southern Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: 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 6 November 2025 between 9.30 a.m. and 5.00 p.m. The inspection was conducted by two care inspectors.

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 assessed as met. Five new areas for improvement were identified in relation to the Fire Risk Assessment, Fire Safety training, restrictive practices, security of the home and young people's meetings.

Staff had a detailed understanding of young people's individual needs and positive relationships were evident. Young people were supported by a stable and experienced staff team. Additionally, the young people had access to a network of professionals to support and guide their care.

The inspection findings 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff and the management team. Feedback provided a positive view regarding care and support provided. Staff engaged with young people in a manner that was appropriate and caring. Young people were observed to be at ease in the presence of staff, seeking support and interacting in conversation throughout the day.

Discussions with the management team and staff reflected upon the complexity of young people's needs, the group dynamic and the subsequent competing demands on staff. However, positive feedback was also provided from staff as regards the support they received from the management team, the systems in place to support safeguarding young people and the ability of the team to provide therapeutic care for young people. Staff reported good relationships with the young people and discussed how the team worked well together to provide the best possible care to the young people.

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 05 December 2024		
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 11.2 **Stated:** Second time **To be completed by:** 27 February 2025	The registered person shall ensure that the sensory room is further developed to ensure it is suitably equipped to meet the needs of all the young people. Ref: 5.1 and 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 13 February 2025	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. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that internal assurance and auditing arrangements are sufficiently robust to ensure the management team effectively monitors the quality, accuracy and adequacy of young people's care records and respond appropriately to any issues identified. Ref: 5.2.1	**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?

Agreed strategies that support robust safety planning are essential to ensure that staff interventions promote the young people's safety and wellbeing. Records were available to support and direct staff in their interventions with the young people. Evidence was also available that these records were reviewed and updated, with the involvement of multi-disciplinary professionals, identifying risk, support strategies and measurable outcomes. There was clear evidence of a reduction in the number of incidents, demonstrating progress that had been made by the young people throughout their time in the home. There was evidence of individual work and key work sessions with the young people.

Young people's daily logs identified the quality of recording was of a good standard and the detail reflected the young people's lived experiences. These records, alongside 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 and how they like to be cared for.

Young people's risk assessments and safety plans were available to guide and support staff during incidents or periods of increased risk. The records were factual and detailed, providing clear direction and guidance to staff. Review of group impact assessment processes identified proposed actions that aimed to reduce any potential risks associated with the admission of a new young person to the home such as additional training, and how the safety and wellbeing of the group of young people as a whole could be promoted.

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

Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the appropriate skills, competence and experience necessary to deliver safe and effective care to the young people in the home. Records confirmed that the service had a robust framework in place for assessing staff competency during the induction process.

Sampling of team meetings minutes confirmed that team meetings were held on a regular basis. There was evidence of targeted discussions on the care planning needs of the young people and concerns noted by staff. Advice was provided to ensure that minutes reflected review of actions at subsequent meetings.

Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people. Sampling of the rota and discussions with the manager on the day of inspection identified the number of staff on shift was consistent with the staffing model and based on the assessed needs of the current young people. The manager confirmed a pool of consistent bank staff were being utilised to fill current gaps in the rota as a result of absence or vacancies; who had a thorough understanding of the ethos and culture of the home and the young people.

There was evidence the skills and knowledge of staff on duty each day met the needs of the young people. Training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team. Evidence of compliance with mandatory training was available in relation to key areas such as Safeguarding, Therapeutic Crisis Intervention (TCI) and Information Governance for example. Concerns were identified however regarding compliance in relation to fire safety training. An area for improvement was identified.

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

Fire records evidenced fire safety checks were completed regularly and consistently. However, review of the Fire Risk Assessment demonstrated this was due to be reviewed in July 2025 and had not been completed. Additionally, evidence was not available that the associated action plan had been completed in full by the management team. An area for improvement was identified. Assurance was provided post inspection that a fire safety inspection had subsequently been arranged.

Improvements to the environment had been made since the last inspection, with the introduction of additional equipment to the sensory room. The home presented as a comfortable, homely environment for the young people. The front door to the home, on the day of inspection, was open, and therefore the home was easily accessible to visitors, raising concerns as to the security of the home. This was discussed with staff on arrival to the home, and with the manager. An area for improvement was identified.

5.2.4 How does the service promote the voice of the young people?

Young people's meetings were sampled. There was evidence that young people's meetings were scheduled regularly by staff in the home. Attendance at these meetings was limited however with only one meeting having been achieved this year.

Promoting young people's involvement and active participation in these meetings supports the young people to influence the way they were cared for, and reinforces that their views and opinions matter. Discussions with the manager noted young people have access to advocacy services via Voice Of Young People In Care (VOYPIC) on a regular basis. Assurances were not provided however that young people's views, wishes and feelings are regularly sought and documented by staff and that the meetings were occurring on a sufficiently regular basis. An area for improvement was identified.

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

The use of physical interventions were considered by the manager and staff as a last resort and implemented only when necessary and in proportion to the risk of harm. Review of records evidenced that there was robust monitoring and oversight arrangements in place with respect to staff practice in this regard.

Environmental restriction records however did not provide the level of assurance required to evidence restrictions implemented were; based on an up to date assessment of risk, agreed with relevant others, that the restriction was proportionate, in place for the least amount of time, with a reduction plan in place as necessary. An area for improvement was identified.

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

Review of the supervision matrix provided assurance there were robust governance arrangements in place to monitor and review compliance in line with the supervision model adopted by the home.

Review of rewards and consequences records confirmed clear records were maintained of measures taken by staff to promote and encourage positive behaviour responses by the young people. Governance and oversight of staff practice by the manager in relation to rewards and sanctions was also evident.

Complaints records confirmed good governance arrangements were in place and that there was a robust approach to the investigation and resolution of complaints.

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
Total number of Areas for Improvement	1	4

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	
Area for improvement 1 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 23 December 2025	The registered person shall ensure that the home has a current fire risk assessment in place, actions arising as a result of the assessment are responded to, and that the associated action plan is updated to evidence the actions taken. Ref: 5.2.3
	Response by registered person detailing the actions taken: An up to date Fire Risk Assessment has now taken place and any actions identified as a result of the assessment are being followed up.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 23 December 2025	All staff are trained in the fire precautions to be taken in the home, including the actions required in case of a fire. This training is provided by a competent person at the start of employment and at least twice every year. Ref: 5.2.3
	Response by registered person detailing the actions taken: The training matrix identified that staff had not had specific Residential Fire Training, however this no longer exists and has been replaced by General Fire Training which staff are up to date with. The manager is aware of the requirement for residential staff to attend Fire Training twice per year and will ensure this standard is adhered to.
Area for improvement 2 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 6 February 2026	Physical restrictions on normal movement within or from the home are not used unless this is necessary to safeguard children and young people and promote their welfare and development and in line with regulations and guidance. Such measures are only used where agreed with relevant others and are in line with regional guidance on restraint. Such restrictions for one child or young person do not impose similar restrictions on other children and young people. Ref: 5.2.5

	Response by registered person detailing the actions taken: The CYPS Procedure for the Management of Restrictive Practice/ Interventions has now been approved. The children's residential service will now use the templates within the procedure when recording the outcomes of multi-disciplinary team meetings. In order to provide oversight of the use of restrictive practice in accordance with the regional policy, Children and Young Peoples Services have developed a restrictive practice register for recording planned restrictive practice which will also contain the date for practice to be reviewed. Unplanned or emergency use of restrictive practice will still be reported via Datix.
Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 4 December 2025	Security measures are in place to ensure there is no unauthorized access to the home. Where Closed Circuit Television (CCTV) is in place in a home, it is used in line with the Information Commissioners CCTV Code Of Practice. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff have been reminded of the importance of ensuring the security of the home, particularly at the front door. There is no CCTV in use in this home.
Area for improvement 4 **Ref:** Standard 1 **Stated:** First time **To be completed by:** 6 February 2026	Children and young people's views, wishes and feelings are regularly and frequently sought by staff and given due weight in line with their age, ability and maturity when making decisions about their care and the running of the home. Ref: 5.2.4
	Response by registered person detailing the actions taken: Young people in this home will not all agree to meet together for a specific Young People's Meeting due to dynamics within the resident group. However staff do speak to young people individually about their wishes and feelings about aspects of the home. Recording of these discussions will be more explicit going forwards. The team will also consider if other ways to engage the group in Young People's Meetings in the future could be more successful.

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