The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048760

23 October 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:** 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 been assessed as having physical and or 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. The condition temporarily changed the registration of this home from two places to one place, and to only provide medium to long-term care.

2.0 Inspection summary

An unannounced inspection took place on 23 October 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, compassionate and well-led care.

Staff had a detailed understanding of young people's individual needs and positive relationships were evident.

Discussions with staff and the management team and review of records provided assurance that the care in the home was well led, that staffs approach was young person centred and informed by a comprehensive assessment of the young people's needs, effective communication between staff and completion of essential training.

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

Prior to this inspection, the provider submitted a variation to RQIA, to complete non-structural improvements to the home. The application was assessed as part of this inspection and concluded the improvements were completed to a satisfactory standard.

Areas requiring improvement were made in relation to induction procedures and monitoring of staff supervision arrangements.

The findings of this report will provide the manager 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 staff and the manager on the day of inspection.

The staff described effective management arrangements were in place. They said that they had received appropriate training to look after the young people and meet their needs. They also said that the team communicated well and the manager was supportive and approachable, readily available to discuss any issues and concerns should they arise.

The staff and the manager spoke in compassionate, warm, respectful and caring manner about the young people. They clearly understood the needs of the young people within the home and expressed their commitment to delivering safe and effective care.

Questionnaires were received post inspection from young people. The young people described feeling happy and safe living in the home. They also told us that staff involved them in decision making about how their care needs were best met.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection was competed by a care inspector on the 16 December 2024. Two areas for improvement were identified.

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 17 **Stated:** First time	The registered person shall ensure that all new staff should complete a competency based induction process. Induction records should demonstrate that staff have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people accommodated. This should include evidence of competency assessment/review by the manager, and the identification of any future learning needs, if applicable. Ref: 5.2.4	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement was partially met	
Area for improvement 2 **Ref:** Standard 17 **Stated:** First time	The registered person shall ensure all staff working in the home have the right training and skills to deliver effective care in keeping with its Statement of Purpose and the needs of the individual young people. Ref: 5.2.2	**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 manager confirmed that any young person's admission to the home was informed by a comprehensive assessment of the young people's needs and wishes. Their needs were accurately matched to what the home could offer and were completed in a planned way, with introductory visits to the home taking place prior to moving in.

Young people`s records sampled were personalised, outcome focused and reflected a coordinated approach by those involved in the young person`s care. They ensured staff remained informed about each young person`s individual needs and agreed care and risk management plans. Discussions with staff and the manager provided assurances that staff operated from a strong value base, which was young person centred and human rights led.

Handover records were sufficiently detailed and consistently completed to promote effective communication between staff. Handover records are a key communication tool between staff members across shifts to ensure that essential information about young people and their needs is shared effectively.

The use of physical interventions and environmental restrictions was informed by an up to date assessment of risk of young people's individual needs, and a multi-disciplinary forum had agreed that the restriction was proportionate and in place for the least amount of time. Review of young people's records showed that there was robust monitoring and oversight arrangements in place with respect to this.

The young people receive visits from the Voice of Young People in Care (VOYPIC) staff. The advocacy model in place promotes a culture within the home, which is child centred, encourages and maximises the participation of the young people in every aspect of decision making about their care, welfare and environment.

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. The manager described the staffing levels that 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 are reviewed on an ongoing basis to ensure they remain consistent with the needs of the young people living in the home.

Training which is responsive to the needs of the children 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 of each young person within the home. Discussions with the manager and a review of the staff training records identified that staff were receiving regular mandatory and specialist training. Completion of essential training in this home is necessary to ensure 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 was well maintained and presented as a comfortable, welcoming space. Bathroom facilities had been upgraded and windows, as well as the front and rear door were replaced. The kitchen area had been fitted with additional cupboard space. Any visible environmental damage or outstanding home improvement work was also being addressed. Progress with this will be monitored via monthly monitoring reports, which are provided in accordance with schedule 6 of The Children's Homes Regulations (Northern Ireland) 2005. The report provides a review of the overall quality of the care provided within the home by the care provider.

The inside and outside living areas were equipped with age appropriate recreational equipment to ensure it was a safe and welcoming setting for the young people to spend time in. Advice was given to the manager to ensure the review of the perimeter fencing results in the provision of a safe and secure environment that meets the needs of the young people.

Fire safety records showed that fire safety checks, fire drills and fire training were completed regularly. The annual fire risk assessment was up to date with the associated action plan completed. An up to date fire evacuation plan was also in place.

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

Induction records showed that a range of processes have been completed to induct new staff. An induction document has been created by the management team, which combines the organisational and home specific induction processes. When fully implemented it will provide overall assurance that staff involved in the delivery of care possess all the knowledge, skills and ability to deliver safe and effective care to the young people in the home. This was an area for improvement and is partially met

The management team convene monthly team meetings. 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.

Review of staff records provided assurance that the manager can access staff recruitment information and documents prior to their appointment being confirmed, this ensures compliance with Regulation 25 (3) Schedule 2 Information of The Children's Homes Regulations (Northern Ireland) 2005

The management team convene regular team meetings. 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.

The manager described providing regular supervision to staff. Supervision records reviewed did not provide assurance that all staff were receiving supervision in keeping with the supervision model adopted by the home. An area for improvement was identified.

Review of rewards and consequences records confirmed that records were maintained of measures taken by staff to promote and encourage positive behaviour responses; by the young people. Advice was given that the manager sign and date each record of actions by staff to provide assurance of their appropriateness, effectiveness and any subsequent learning.

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

Discussions with staff and the manager confirmed that the staff team have benefited from the stability provided by the appointment of a permanent manager, for example their visible leadership and their commitment to promoting an open culture within the home.

Discussion with the manager confirmed that arrangements were ongoing to fill the vacant deputy manager post. This appointment will further strengthen the leadership arrangements in this home, which is essential to embedding strong governance structures; ensuring effective oversight, and strengthening the direction and support provided to staff, which should result in positive outcomes for the young people.

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*

*The total number of areas for improvement includes one that has been stated for a second time.

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 Minimum Standards for Children's Homes (Department of Health) (2023)

Area for improvement 1 **Ref:** Standard 17 **Stated:** Second time **To be completed by:** 23 January 2026	The registered person shall ensure that all new staff should complete a competency based induction process. Induction records should demonstrate that staff have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people accommodated. This should include evidence of competency assessment/review by the manager, and the identification of any future learning needs, if applicable. Ref:
	Response by registered person detailing the actions taken: This response contained service identifiable information and therefore has not been included in this report.
Area for improvement 2 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 23 December 2025	The registered person shall ensure that there is a system in place which effectively monitors staff compliance with the supervision policy in operation within the home.
	Response by registered person detailing the actions taken: A Supervision Matrix was created and implemented in October 2025. All supervisions are in keeping with the Supervision Policy which is in operation within the home. The Monthly Monitoring Officer will be asked to ensure compliance with the Supervision policy within the home.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews