The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048933

6 March 2026

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:** – South Eastern 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.

Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service. The application sought to add Learning Disability as a category of care; and remained under review at the time of writing this report.

2.0 Inspection summary

An unannounced inspection took place on 06 March 2026 between 9.15 a.m. and 5.20 p.m. The inspection was conducted by a care inspector.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection process also included assessment of the application made to RQIA to vary the registration of the service, and the arrangements in place to ensure service provision was aligned to the proposed statement of purpose (SOP). This application remained under review at the time of writing this report

The staff team demonstrated a thorough understanding of young people's individual needs, and positive, trusting relationships were evident. The staff team also demonstrated a proactive approach to developing their knowledge and skills, consistently adapting their practice to better meet the needs of the young people. Evidence was available to demonstrate that the staff team had undertaken training to support their capacity to care for young people with learning disabilities.

Young people were supported by a stable, experienced staff team who were responsive to the young people's needs, who worked well together and with the multi-disciplinary team to ensure positive outcomes for young people. Overall, a trauma informed and holistic approach to care was evident.

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 the management team, staff and visiting professionals on the day of the inspection.

No feedback was received by RQIA via questionnaires or electronic survey post inspection.

Young people who were less able to tell us how they found life in the home were seen to be relaxed in their surroundings. Staff interactions with young people were warm and respectful. Communication was tailored to young people's individual needs, supporting understanding and enabling participation. Staff were observed making effective use of humour and redirection to guide young people's behaviour and sustain their engagement.

Staff members spoke positively about their roles, the support provided to young people, and the strong leadership within the service. Development of staffs skills and knowledge to effectively meet needs associated with a learning disability, had been further supported through comprehensive training, resources and consistent support from the management team, senior management representatives and specialist teams.

Staff reported regular supervision was in place, there were opportunities for team collaboration, and they described a culture where they felt confident to raise concerns and have their voices heard. The leadership team were described as visible, approachable and responsive. Staffing levels were considered safe and appropriate to deliver consistent and effective care.

There was evidence of a positive team culture supported by a good induction process and ongoing professional development opportunities. Staff highlighted the implementation of clear routines, effective advocacy, and continuous support to help young people better understand their emotions. Dynamic risk assessment practices were embedded, and staff expressed pride in young people's achievements and progress, including increased engagement in education.

Professionals spoken with on the day of inspection said staff knew the young people well, and actively sought additional training to ensure they could meet young people's needs effectively. Evidence of risk and harm reduction practice, and an ability to adapt practice to respond appropriately to risk was highlighted. A positive, welcoming culture was emphasised, with the team reportedly skilled at dynamic risk assessment. Regular communication and discussion regarding restrictive practice was also highlighted by visiting professionals.

5.0 The inspection

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

There were no areas for improvement highlighted during the previous inspection.

5.2 Inspection findings

5.2.1 Are young people receiving care and support which promotes positive behaviour and delivers safe care?

There was evidence that young people were receiving care and support that promoted their safety and wellbeing. A comprehensive understanding of the young people's individual needs was evident, and the staff team had taken proactive steps to enhance their knowledge and competence. This ensured they were well-equipped to meet complex needs safely and effectively, and they reflected a commitment to continuous learning and development to continue to build upon their practice in this area.

There was evidence of a safeguarding focused culture, where dynamic risk assessment was embedded in day to day practice, supporting the ongoing promotion of young people's safety and wellbeing. Documentation sampled was noted to reflect a commitment to risk reduction, with staff able to adapt their approaches responsively.

Young people thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships. Consistency in staffing arrangements also provides young people with a predictable structure and routine, contributing to reduced anxiety and supports emotional regulation. This, in turn, promotes a sense of security and improved outcomes for young people.

The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people. Sampling 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 young people in the home.

There was evidence of robust multi-agency engagement, including regular statutory visits, care network meetings and risk specific network meetings. Staff demonstrated a sound understanding of restrictive practices, and assurances were provided that such measures were applied appropriately and proportionately. There was evidence of multi-agency collaboration, confirming that care and risk management strategies were regularly reviewed and informed by relevant professionals. The use of visual supports throughout the home enhanced communication and promoted young people's understanding of the routines of the home.

Training that 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. Staff training was robust, and governance systems had been adapted to ensure accurate and relevant documentation was maintained. A collective leadership approach to record-keeping was evident, supporting accountability and consistency amongst the staff team.

Decision making in line with care planning and risk assessment was dynamic and responsive, with documents sampled regularly reviewed and updated. There was also evidence of the management team's oversight. Advocacy for young people was also embedded into everyday practice, ensuring their views were represented in care planning and decision-making processes. This was evidenced in 'Voice of the Child' records and within team meeting minutes.

Delivery of care was bolstered by a learning disability informed model of care and positive behaviour support, with staff demonstrating an understanding of behaviour as communication. Communication was tailored to young people's cognitive and developmental needs. Advice was provided to the manager to ensure Behaviour Support Plans were signed and dated by all staff, to ensure accountability for reading and adhering to the directions therein.

Overall, the inspection findings provide assurance that the service was delivering safe, effective and compassionate care. The staff team were motivated and committed to developing their knowledge, and skills, and a trauma informed, rights-based approach to care was evident.

5.2.3 How does the service ensure young people experience a safe and high quality environment?

A welcoming environment for young people was observed and there were effective systems in place to ensure a safe quality environment was maintained.

The home environment was warm and comfortable. Bedrooms were decorated in line with young people's individual preferences, promoting a sense of ownership and belonging. Communal living areas were well presented, clean and maintained to a good standard. A pleasant and homely atmosphere had been achieved.

The secure, enclosed rear garden provided a safe outdoor space for young people to access fresh air and recreational opportunities, further supporting their wellbeing. Funding had been secured to enhance this space by creating a sensory garden.

Storage within the home was noted to be limited, and a spare room was observed to contain clutter. Advice was provided to ensure this was addressed, including the removal of excess items. This was actioned by the management team on the day of inspection.

There was evidence that general estates and maintenance issues were responded to in a timely manner, ensuring that the premises remained safe and fit for purpose. A chronology of reported issues was made available for review and provided assurance the manager had effective oversight and that the staff team were responsive to environmental risks.

Staff spoken with demonstrated a good level of knowledge in relation to fire safety procedures, and records confirmed they had undertaken fire safety and fire warden training; supporting a proactive approach to safeguarding young people within the physical environment. Advice was provided in relation to ensuring all staff, including night staff are involved in fire safety drills and therefore are aware of the evacuation process.

A current Fire Risk Assessment (FRA) was in place, however not all outstanding actions identified within the associated action plan had been evidenced as completed. One action, in relation to upholstered furniture was addressed following the inspection. Servicing of the heating system remained outstanding despite requests made by the manager for this action to be completed. The manager confirmed that this has been successfully completed at the time of writing this report.

Overall, a warm, welcoming environment was noted. There was evidence of effective governance and oversight arrangements in place to ensure the home remained safe and fit for purpose. Some minor improvements were required to optimise space; and the creation of a sensory garden will further enhance young people's lived experience.

5.2.4 How does the service promote and protect the health of the young people?

The inspection findings concluded that the service demonstrated a proactive and holistic approach to promoting and protecting the health and wellbeing of young people.

Comprehensive health and wellbeing plans were in place and aligned with the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC), ensuring that care was informed by a trauma aware and needs-led approach. The plans were regularly reviewed and supported by clear chronologies, enabling the staff to track health needs, interventions, and outcomes over time. There was evidence that trauma-informed principles underpinned practice, with appropriate language consistently used within assessments and documentation.

Young people were supported to attend routine and specialist medical appointments, with staff facilitating access and ensuring continuity of care.

There was evidence of multi-disciplinary involvement, including engagement with the Looked After children's (LAC) Nurse, psychiatry services and community learning disability team specialists. As a result, health needs were comprehensively assessed and onward referrals evident in documents sampled.

The service demonstrated good practice in preparing young people for health-related interventions, and documents sampled confirmed this was reflective of a rights-based approach. This approach supports informed participation and helps young people to feel confident, prepared and to have ownership of their own health needs. Social stories and structured keywork sessions were used effectively to enhance understanding regarding medical appointments and procedures.

Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. Keywork sessions focused on specific health promotion areas, including continence support, healthy eating, and emotional wellbeing. These targeted interventions contributed to the development of life skills and supported progressing towards positive health outcomes.

Strong consistent relationships between staff and young people were evidenced, and were a key strength of the service. When achieved, these relationships can promote trust and increase young people's confidence to engage with health services, which in turn supports improved outcomes for young people.

Young people's physical health was further promoted through regular opportunities to engage in community-based activities. These opportunities encourage physical activity, social inclusion and overall wellbeing.

The inspection findings provided assurance that the service was committed to effectively promoting and safeguarding the physical and emotional health of young people through structured planning, multi-disciplinary collaboration, and meaningful engagement.

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

Inspection findings concluded that the service was well-led by an effective leadership team.

Staff reported a positive and open culture where they could raise concerns and share ideas for improvement. There was a clear line management and reporting structure that ensured staff understood their roles and responsibilities. Effective communication was prevalent, with regular team meetings and supervision process helping to maintain consistency and accountability across the team.

Staff recruitment processes were robust, with safe recruitment practices in place to ensure that all staff were appropriately vetted prior to commencing employment within the home. Induction and competency assessments were maintained on file, providing assurance that staff were suitably trained and competent to fulfil their roles. Advice was provided to the manager during feedback to ensure staff sign their induction records.

The management team had taken steps to promote continuity of care through the use of consistent agency and bank staff where required. This minimises disruption for young people

and supports the development of trusting relationships. Communication within the home was also transparent and inclusive. Changes in staff, including the departure of agency staff, were appropriately shared with young people. This was identified as good practice, supporting appropriate endings by ensuring young people were informed, prepared and reassured during periods of change.

The management team demonstrated their commitment to maintaining effective oversight of staff practice through robust monitoring, audit, and review of records. This oversight was further strengthened as managers worked a range of shifts, including those outside of standard daytime hours, to maintain regular contact with all staff, observe staff practice directly, and supported effective supervision and operational oversight across the home.

General risk assessments covering a range of areas were in place and available to inspect. It was noted, however, that ligature knives had not been included within the risk assessment of sharp objects and edges. Advice was provided to the registered manager to include this within the general risk assessment, to support comprehensive risk management.

Inspection findings concluded that the service had established clear governance structures, with effective leadership, safe recruitment, and oversight mechanisms in place that contributed to positive outcomes for young people. The management team were responsive to challenges and demonstrated a commitment to learning and development.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no 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.

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