The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN047909

31 July 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 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 31 July 2025 between 9.45 a.m. and 4.45 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with one area 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 during the last medicines management inspection were not assessed during this inspection and are carried forward to the next inspection.

Two new areas for improvement were identified in relation to the environment and fire warden training.

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.

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.

Feedback from staff confirmed there was good support available from the management team, and an open culture which supported staff to express their views on matters relating to the running of the home. 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 staff team who support each other. Staff acknowledged concerns related to group dynamics within the current resident group; assurance was received from the management team regarding actions being taken to mitigate risks within the home.

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?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 24 September 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 16

Stated: First time</td><td>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 young person
- it is the least restrictive option and all other options have been exhausted
- it has been agreed with the multi-disciplinary team, the young person 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.</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Appendix 1: Standard 4

Stated: First time</td><td>The registered person shall review the management of controlled drugs to ensure that a suitable controlled drug record book is in place and that records of outgoing controlled drugs are accurately maintained.</td><td>Carried forward to the next inspection</td></tr>
</table>

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref:** Appendix 1: Standard 1 **Stated:** First time	The registered person shall ensure that there are robust systems in place to audit all aspects of the management of medicines.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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, risk assessments and Individual Crisis Support Plans (ICSP). Evidence was available that these records were regularly reviewed and updated and were reflective of the current risks and needs of the young people. Review of records also confirmed that decisions regarding new admissions were informed by a comprehensive assessment of the young people's needs and that the needs of the young people who were already living in the home were considered and there was a focus on minimising any disruption.

Young people's meetings occurred regularly and were facilitated by staff in the home. The meetings provided an opportunity for the young people to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care. Promoting young people's involvement and active participation in these meetings is essential for supporting young people to influence the way they are cared for and reinforce that their views and opinions matter.

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 management team 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. Discussion with the management team and staff also provided assurance that responsive staffing arrangements were utilised in line with the risk prevalent within the home at any given time. This is essential to safeguard and promote the health and wellbeing of the young people and ensure adherence to safety plans.

Training records identified that although there was a good standard of compliance with mandatory training requirements for the staff team in most areas, there was a deficit as regards fire warden training. It is essential that there is an identified competent person who is responsible for the fire safety in the home, and arrangements in place to ensure the person in charge of the home, at any given time, has the information necessary to fulfil their fire safety responsibilities. This has been identified as an area for improvement. Assurance was received post inspection that fire warden training has been scheduled for the staff team.

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

Damage was evident within the home environment, including broken windows and doors; and damaged walls and kitchen cabinets. The homeliness of the home had been impacted by both the damage to the environment and environmental management strategies which had been put in place to ensure the safety of young people and staff.

Assurances were received during and post inspection regarding the plans in place to ensure the required improvements were made in a timely manner; which included a new kitchen being installed and broken windows being replaced. Assurances were received post inspection that a damaged fire door had been replaced and that the fire officer had been notified of the damage to the environment. An area for improvement was identified in relation to the environment.

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. As outlined in section 5.2.2 there were deficits as regards compliance with fire warden training amongst the staff team and an area for improvement was identified.

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.

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 restrictions which were being implemented within the home were supported by a robust framework of recording, which evidenced decision making and review.

Handover records are a key communication tool between staff members across shifts to ensure that important information is shared effectively. Review of records identified a good standard of recording practices and audit arrangement to support the effective use of handover records as a robust tool for shift planning.

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	4*

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Appendix 1: Standard 4 **Stated:** First time **To be completed by:** 8 October 2024	The registered person shall review the management of controlled drugs to ensure that a suitable controlled drug record book is in place and that records of outgoing controlled drugs are accurately maintained.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 3.3.3

Area for improvement 2 **Ref:** Appendix 1: Standard 1 **Stated:** First time **To be completed by:** Immediately and ongoing (24 September 2024)	The registered person shall ensure that there are robust systems in place to audit all aspects of the management of medicines. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 3.3.3
Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 23 October 2025	The responsible person shall ensure that young people live in a suitable physical environment, which is well maintained and nicely decorated. The actions identified by the provider to address the environmental concerns should be subject to review; and any barriers to achieving improvements escalated to senior management for action as necessary. Ref: 5.2.3 **Response by registered person detailing the actions taken:** The team are dedicated to providing a therapeutic and homely milieu for our young people and have escalated requests for repainting of the home, ordered in home furnishing money to redecorate and have a kitchen/bathroom refurbishment to commence end of sept 25. Staff are utilizing young peoples meeting to encourage the young people to share their thoughts, feelings and wishes in relation to their home to take pride and ownership of the upkeep of their environment. Estates have completed repair work in regards to staff bedroom door, outstanding broken windows and damaged windowsills.
Area for improvement 4 **Ref:** Standard 22.13 **Stated:** First time **To be completed by:** 11 September 2025	The responsible person shall ensure there is an identified competent person who is responsible for the fire safety in the home and arrangements in place to ensure the person in charge of the home at any given time has the information necessary to fulfil their fire safety responsibilities, including the required training. Ref: 5.2.2 and 5.2.3 **Response by registered person detailing the actions taken:** 6month fire safety and designated fire warden training completed by all core team members on 05.09.25 as part of a team day training. Training tracker updated to reflect this and role of updating and monitoring training tracker delegated to staff member.

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

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