The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048391

24 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:** – Belfast 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 24 July 2025 between 9.30 a.m. and 6.00 p.m. The inspection was conducted by two care inspectors.

The inspection was undertaken following receipt of information that raised concerns in relation to the management arrangements within the home. The provider had been transparent in sharing this information with RQIA prior to the inspection.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led. The inspectors concluded the staff team were committed to meeting the needs of the young people and no areas for improvement were identified. However, concerns were identified concerns in relation to the management arrangements within the home.

The provider's representatives were subsequently invited to an Enhanced Feedback Meeting on 13 August 2025, where they outlined the actions taken and the plans in place to address these concerns. RQIA was assured that the provider's representatives were sighted on the issues identified and had the capacity to drive forward the improvements required in the service. This will be discussed in greater detail in the main body of the report.

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 inspectors spoke with staff on the day of inspection. No young people were available to speak to inspectors.

Feedback from staff confirmed that the care provided to young people was person centred and compassionate. Staff reported good support available from the management team, however reported concerns related to the management arrangements in the home. This is discussed in greater detail in section 5.2.5.

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?

No areas for improvement from the last inspection on 15 May 2024.

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, 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. There was also evidence that key work sessions and therapeutic conversations were completed with young people, which were purposeful and directed towards the young person's specific needs and goals.

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments, safety plans and Individual Crisis Support Plans. Evidence was provided that these records were regularly reviewed and updated and were reflective of the current risks and needs of the young people.

Meeting records provided assurance that young people and professionals involved in young people's lives met on a regular basis to discuss and review the therapeutic and care needs of young people. These meetings supported and informed child centred care planning.

Incident records evidenced that staff were responsive to immediate risks with robust action, reporting and recording by staff in response to challenging incidents.

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 them 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 care givers 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. Discussion with staff identified that there were positive and therapeutic relationships between staff and young people in the home.

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.

Training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in areas such as safeguarding, therapeutic crisis intervention and fire training, all of which support staff to deliver safe, effective care and support.

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

The home environment was greatly impacted by the limited external space for the young people to use and the ongoing external works in the surrounding area. However, efforts have been made to create a homely space for young people to live; with soft furnishings being utilised in communal areas to create a welcoming environment and young people's bedrooms being decorated in line with their wishes and feelings.

An up to date risk assessment was available for inspection which assessed the risks posed by the surrounding external works and contained mitigating actions to reduce or manage the risk. Additionally, work had commenced on a replacement building that would better meet the needs of the young people.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently, and the fire risk assessment was recently updated.

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

The young people's health needs were clearly documented and regularly reviewed, as evidenced on inspection. Each young person had an individual health section within their care file, which included General Practitioner registration, dental and optical care, immunisation history, and details of any specialist appointments attended. Records were well organised, current, and reflected the needs of the individual child.

There was evidence that the young people had timely access to primary health care services. Staff supported the young people to attend appointments and health promotion was encouraged. For example, rewards were used to promote engagement with dental care. Complex health needs had been identified and were addressed through specific care plans, which had been regularly updated and reviewed.

A Looked After Children nurse had been appointed and was proactive in assessing health needs and supporting the home in meeting these. Staff reported that this input had strengthened the overall approach to health monitoring and planning.

Staff were knowledgeable about the young people's health requirements and demonstrated an understanding of how these affected the young person's wellbeing. Daily handover records and logs reflected ongoing communication about health needs, and supervision records evidenced discussion about how best to support individual young people. Personal care was delivered sensitively and attention was given to the young person's routine and preferences.

Consent forms and authorisations for medical treatment were present and appropriately signed. Staff demonstrated awareness of their responsibilities in ensuring treatment was only provided with the relevant authority in place.

Overall, the arrangements in place promoted the health and wellbeing of the young people and the staff had a good understanding of how to effectively support the young person's health and well being.

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

As outlined in section 2.0, the inspection identified concerns regarding the management arrangements within the service. At the time of inspection there had been no manager formally appointed to oversee the home in the absence of the registered manager. Whilst senior staff and external managers were providing oversight, the lack of a designated interim manager had created uncertainty in the leadership and decision making within the team.

As a result, RQIA invited the provider to attend an Enhanced Feedback Meeting on 13 August 2025 to address the concerns identified. At this meeting, the provider's representatives provided an account of the actions they had taken and planned, which were outlined in an action plan submitted to RQIA. RQIA were assured that the management arrangements in place within the home were robust and that the action plan was centred upon promoting collective leadership and effective communication within the home.

Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. 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.

Sampling of complaints records evidenced good governance, robust investigation and feedback being sought from complainants as part of the complaints process. This is good practice and supports the home to reflect upon what is working well, what could be improved and supports continuous learning and improvement within the service.

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 and senior management as part of the inspection process and during the Enhanced Feedback Meeting and can be found in the main body of the report.

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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