The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048392

8 July and 7 August 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: 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 commenced on 8 July 2025 however was suspended due to an ongoing incident in the service on that day. The inspection was subsequently concluded on 7 August 2025 following a further visit to the service between 9:30 a.m. and 5:00 p.m. which 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 and compassionate care and if the service was well led.

All areas for improvement carried forward or identified during the previous inspection were assessed as met in relation to training, induction and supervision processes for staff, team meetings and the staffing model. Areas relating to medication records and care plans for distressed reactions, which had been carried forward in 2024, were reviewed and found to be compliant. Evidence confirmed compliance and improvements were embedded in practice.

The home was found to be clean, and welcoming. Staff were responsive to the needs of the young people. Staff had a detailed understanding of young people's individual needs and positive relationships were evident, with staff showing attentiveness, patience and consistency in their interactions. Care plans and daily handover logs reflected a person centred approach, with therapeutic goals tailored to each young person's emotional and developmental profile.

No areas for improvement were identified during this inspection.

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

The findings of the inspection were discussed with the registered manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff; which provided valuable insight into the lived experience of young people within the home, and the quality of care delivered by the service.

Staff consistently demonstrated a strong understanding of the individual needs of the young people. They also spoke positively about their roles and relationships within the team and with the young people. They spoke with warmth and clarity about the strengths and challenges of each young person. There was clear evidence of therapeutic relationships built on trust and consistency.

Staff described the home as a supportive environment with good communication amongst staff, team morale was good, and they felt well supported by the management team. Staff confirmed that improvements made since the previous inspection were embedded in practice, particularly in relation to training, induction and supervision and they all had a shared commitment to child centred care.

Staff highlighted the challenges of building relationships and connections with young people in the digital age but praised the team's cohesion and commitment to learning. The management team were described as visible and approachable with staff feeling supported in their roles.

Young people were observed to be relaxed and comfortable within the home and engaged well with staff. Activities and therapeutic goals were personalised and tailored to the young person's emotional needs. Young people spoken with reported feeling safe and supported, and that staff were attentive to their needs. Young people had access to effective advocacy arrangements

via Voice of Young People In Care (VOYPIC) where concerns raised by young people were documented and shared with the management team.

Overall, feedback indicated that the home was operating in line with its Statement of Purpose and that improvements made since the previous inspection had positively impacted both staff morale within the team and the young people's experience within the home.

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 29 May and 21 June 2024		
Action required to ensure compliance with The Children's Home Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 24.1 **Stated:** Second time	The registered person shall ensure the staffing arrangements are reviewed without delay. The review must evidence the overall number and deployment of staff required, both as a whole staff group and on individual shifts is adequate. The review should detail the optimum number required to achieve the model of care described in the home's Statement of Purpose, to meet the individual needs of the resident group and the number required for the building to be safely managed. Actions identified as a result of the review that are required to ensure staffing numbers are safe should be integrated into the providers action plan and progress in relation to achieving the actions should be monitored in accordance with Regulation 32.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Children's Homes (January 2019)		Validation of compliance
Area for improvement 1 **Ref:** Standard 22.2 **Stated:** Third time	The registered person must ensure all staff involved with the preparation of food have completed food hygiene training.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 4 **Stated:** Second time	The registered person shall ensure that the staff team undertake child sexual exploitation training.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 17.10 **Stated:** First time	The registered person shall ensure that all staff undertake essential and relevant training to support them in their role to meet the assessed needs of the young people living in the home. Current examples highlighted during this inspection are training in relation to autism and ligatures.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 17 **Stated:** Third time	The registered person shall maintain records that evidence staff competency on induction. Records should show that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of the young people.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 5 **Ref:** Standard 17.13	The registered person shall ensure that there is evidence of regular individual supervision for all staff.	**Met**

Stated: Third time	**Action taken as confirmed during the inspection:** This area for improvement was met.	
Area for improvement 6 **Ref:** Standard 17 **Stated:** First time	The registered person shall ensure that team meetings take place on a regular basis and at least monthly. Staff attendance should be facilitated and on the rare occasions when this is not possible, a mechanism to achieve a robust handover to absent staff should be in place in relation to discussions held and actions agreed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 7 **Ref:** Appendix 1 Standard 2 **Stated:** First time	The registered person shall ensure that medication updates on the personal medication records are verified and signed by two members of staff to ensure accuracy.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 8 **Ref:** Appendix 1 Standard 1 **Stated:** First time	The registered person shall ensure that care plans are in place for the management of distressed reactions and that the reason for and outcome of administration are recorded.	**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?

Young people were observed to be engaging with the staff team, well cared for and relaxed within the home. Care plans reviewed were found to be up to date and reflected each young person's needs. Records demonstrated that young people were receiving care in line with their assessed needs and therapeutic goals. Evidence confirmed that the young people received care that was safe, timely and individualised. Records demonstrated staff had a clear understanding of each young person's profile and emotional regulation needs. Care plans reflected therapeutic goals, safety planning and risk management strategies throughout.

Staff also demonstrated knowledge of the young people's support requirements and described positive therapeutic relationships. Staff understood the assessed needs of each young person and were able to describe how care planning was informed by input from health, education and emotional wellbeing professionals.

A coordinated and consistent approach to the delivery of care to the young people was evidenced. Daily logs and safety plans reflected responsive care and meaningful engagement with young people, with activities structured to promote emotional wellbeing and routine.

Attendance at team meetings and staff supervision had been previously highlighted as areas for improvement. Regular team meetings were now taking place, supported by handover systems and internal communication tools. Staff attendance had improved and mechanisms were in place to ensure continuity of care when staff were unable to attend meetings. Supervision records confirmed reflective practice and professional development were being prioritised. Staff described supervision as a reflective space where they could explore practice, discuss challenges and consider the emotional impact of their work.

Records reviewed confirmed that supervision sessions included opportunities for staff to reflect on their interactions with the young people and to identify areas for growth. Staff reported reflective supervision helped them better understand the needs of the young people and adapt their approach accordingly. Team meetings and supervision contributed to a culture of learning and continuous improvement and these areas for improvement were assessed as met.

The inspection process confirmed there were effective arrangements in place with respect to staffing, leadership and governance to ensure young people were receiving the right care at the right time.

5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

Evidence was available to provide assurance previously identified areas for improvement related to staffing arrangements had been met.

Staff confirmed that training and induction arrangements had significantly improved since the previous inspection. Competency based induction frameworks were now in place and signed off by both parties. Records supported that all mandatory and specialist training requirements had been met. Training records confirmed that permanent staff had completed essential training relevant to their roles, including autism, food hygiene and ligature awareness as identified as an area for improvement in the previous care inspection.

Staff demonstrated increased confidence in supporting young people with neuro diverse needs and were able to describe how their training informed their practice. A training matrix to monitor training completion and renewal had been implemented, supporting a practice approach to staff development.

Staffing rotas were reviewed and evidenced consistent cover with minimal reliance on bank staff. Rotas reflected a more stable staffing model and contingency planning was in place to ensure safe supervision ratios particularly during high-risk periods. Staff and young people reported improved continuity of care and stronger relationships within the home.

The inspection process confirmed arrangements were in place to ensure staff were suitably trained and supported through structured induction, training opportunities and improved staffing arrangements to care for the young people within the home.

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

The physical environment was safe, welcoming and was responsive to the needs of the young people. Bedrooms were personalised and young people described being involved in decision making about décor and layout.

Staff were observed maintaining a calm and therapeutic atmosphere and were responsive to the young people's emotional and behavioural needs. Risk assessments were in place and regularly reviewed and staff demonstrated understanding of environmental risks and how these should be managed.

Staff were observed to be involved in daily routines and activities with the young people and were working in line with positive approaches. The home was clean, well maintained and personalised in appropriate areas.

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

Health records were reviewed and found to be complete, current and inclusive of information in regards to physical and emotional health needs of the young people. Care plans included information on how the young person's health needs were supported in daily practice. Young people had access to health professionals and appointments were documented and followed up appropriately. Staff demonstrated awareness of each young person's concerns and described how they supported them in engaging in health routines.

Young people's medication records were reviewed and it was confirmed that medication updates were verified and signed by two members of staff. Care plans for the management of distressed reactions were in place and included clear direction for documentation regarding administration. This addressed the areas for improvement previously carried forward in relation to medication record keeping.

Training records confirmed that staff had completed relevant training in regards to health protection.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from complaints/adverse incidents?

The inspection reviewed systems in place to support the identification, reporting and learning from complaints and adverse incidents. Staff were able to describe procedures for escalating concerns and demonstrated an understanding of their responsibilities in relation to safeguarding, whistle blowing and incident reporting.

Staff described how any learning is shared through team meetings and reflective supervision and they described feeling confident in being able to raise concerns. These arrangements supported a culture of openness within the home and a focus upon continuous improvement.

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

Governance and leadership arrangements within the home had improved since the last inspection. Records and discussions with staff and the management team confirmed that oversight had been strengthened. Monthly monitoring reports provided evidence that progress against an action plan submitted to RQIA following the last care inspection was being assessed. Any barriers to driving progress were escalated to ensure timely responses to emerging risks.

Staff described increased visibility and support from senior leaders. The registered manager had been released from rota cover to focus on governance tasks. This allowed for improved oversight of supervision, training coordination and care planning.

Records reviewed confirmed that internal audits were being completed and used to monitor compliance. Staff were aware of their roles and responsibilities and were able to describe clear lines of accountability within the home.

The inspection process confirmed actions had been taken to address repeated areas for improvement and had evidenced the registered manager's capacity to drive forward change. The governance arrangements in place supported the delivery of safe and effective care and promoted a culture of continuous improvement.

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 registered manager as part of the inspection process and can be found in the main body of the report.

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