The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048688

05 September 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:** –South Eastern Health 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 been assessed as having intellectual needs and in need of medium to long-term care. Since the last inspection, the provider had submitted an application to RQIA to make a change to the registration to increase the overall number of places in the service. This application was subsequently approved post inspection, and a condition placed upon the registration of the service to temporarily increase the maximum number of places for a defined period.	

2.0 Inspection summary

An announced inspection took place on 22 August 2025 between 10.00 a.m. and 4.45 p.m. The inspection was conducted by a care inspector and two estates inspectors.

The aim of this inspection was to inform the assessment of an application submitted by the provider to vary the registration of the service, with the aim to increase the overall number of places in the home. The inspection process sought to assess; capacity for the service to meet the needs of young people with intellectual and/or complex health needs, the potential impact the change in registration could have on the delivery of care and the young peoples lived experience in this service, and to assess progress with areas for improvement, identified at the previous inspection.

The inspection findings confirmed that the service was operating outside the homes statement of purpose (SOP) as a result of the increase in the number of young people in the home, prior to approval of the application to increase the maximum number of places in this service.

Concerns were also identified with respect to the environment, complexity of young people's needs and group dynamics, restrictive practices, and staffing arrangements.

Further engagement with the provider post inspection, together with consideration of additional information submitted to RQIA on 19 September 2025, outlined how the provider intended to address the matters identified. RQIA were satisfied that the provider had taken steps to better understand the potential risks identified, strengthen engagement with the wider multidisciplinary team to inform care planning and risk management, enhance governance and escalation arrangements, and ensure ongoing review of staffing arrangements to support the delivery of safe, quality care. This is discussed further in section 5.2.

RQIA subsequently determined that the application would be approved, with a condition placed on the registration to enable the service to provide an increased number of places for a defined timescale.

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 registered manager, and senior management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff, the manager and the deputy manager during the inspection.

The young people who were able to express their views said that they liked living in the home, they felt comfortable and supported by staff. Interactions observed between staff and young people were warm, respectful and caring in nature. Staff were attentive to the young people's individual needs and promoted independence and choice in the day-to-day routines.

Discussion with staff confirmed that they felt positive about their roles and the support provided within the team. Staff described morale as good and said they all worked well together to provide consistent care. They also spoke openly about the current challenges related to meeting the competing needs of the young people, the complexity of need, and the associated issues with respect to the group dynamic.

This feedback was shared with the manager who acknowledged these challenges and described the steps being taken by the provider; to strengthen communication and input from the wider multidisciplinary team, to ensure staff had the necessary knowledge and skill to deliver the right care. This is discussed further in section 5.2.

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 16 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 25

Stated: First</td><td>The registered person shall ensure there is a robust process and procedure in place which ensures that the manager has effective oversight of all staff recruitment. This process and procedure should also ensure that evidence is available at all times which demonstrates that any staff member employed in the home has been subject to robust and safe recruitment practices.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was assessed as 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: Standard 2</td><td>The registered person shall ensure there is a structured plan for key work sessions, accompanied by effective audit arrangements.</td><td></td></tr>
</table>

Stated: First time	**Action taken as confirmed during the inspection**: This area for improvement was assessed as met.	**Met**
Area for improvement 2 **Ref:** Standard 3 **Stated:** First time	The registered person shall ensure behaviour support plans clearly reflect any agreed/permissible physical interventions.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	

5.2 Inspection findings

5.2.1 How does the service ensure young people are getting the right care at the right time?

Records that guided and directed staff interventions and care for young people were reviewed during this inspection.

Care plans contained detailed information about each young person's needs, preferences, and routines. These plans were personalised to the young person and clearly demonstrated staff knowledge of the young people they supported. Daily records evidenced that staff worked consistently to meet identified needs and maintain stability within the group.

Further work was required however to provide assurance, robust arrangements were in place to meet the needs of young people with complex health needs. Whilst additional training was provided to staff, evidence was not available that staff competency assessments had been tailored to the current setting and confirmed as completed with staff. Limitations with respect to the storage of clinical equipment and supplies were identified, which if not addressed, had the potential to affect the delivery of safe and effective care.

Staff demonstrated awareness of the potential risks and vulnerabilities within the group dynamic and described the actions they were taking to ensure inclusion and emotional safety for all of the young people. However, further assurance was required with respect to the assessment of risks, potential mitigations and controls, and any potential impact these measures may have upon young people's rights and lived experience in the home.

Further engagement with the provider post inspection, together with consideration of additional information submitted to RQIA on 19 September 2025, confirmed how the provider intended to address the matters identified. RQIA were satisfied arrangements were in place to ensure delivery of care to the young people, through established links with the relevant professionals. A review mechanism had also been agreed. A structured assessment of the potential impact on

the group of young people had been undertaken, evidencing consideration of group dynamics and individual needs, with mitigating actions where potential risks were noted. A rights based framework was now also in place, to support the use of restrictive practises where assessed as necessary, to promote the safety and wellbeing of young people.

5.2.2 How does the service ensure that safe staffing arrangements are in place?

The inspection findings confirmed that effective staff support arrangements were in place and that staff worked collaboratively to meet the needs of the young people. Team meetings, handovers, and daily routines were well structured and supported good communication. Staff reported that morale within the team was positive and that they felt supported by the management team. The inspection also identified that staff had access to regular supervision, and all mandatory and role-specific training was up to date. New staff also received a structured induction before working independently.

However, discussions with staff and a review of records identified that the home had experienced periods of staffing pressures due to vacancies and reliance on temporary staff. This had been particularly challenging during the recent increase in the number of young people in the home. This raised concern regarding the capacity of the service to maintain stability within the staff team and ensure coordinated and consistent care to the young people. These concerns were discussed with the provider post inspection, who provided assurance regarding the actions being taken to ensure staffing arrangements remained subject to regular review, with the aim to ensure safe, effective and compassionate care would be maintained.

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

The inspection process included an assessment of the home's environment, layout, and facilities by care and estates inspectors, to inform assessment of the provider's application to increase the overall number of places in the service.

As part of the proposed variation, the provider identified the need to adapt a ground floor bedroom to ensure accessibility. Estates inspectors reviewed the proposed layout and confirmed that the planned changes were compliant with The Minimum Standards for Children's Homes, (Department of Health) (2023). Actions had also been taken to maintain the homely atmosphere valued by the young people. Some additional works remained outstanding at the point of inspection to ensure the space was suitable for its intended purpose.

Further engagement with the provider post inspection, together with consideration of additional information submitted to RQIA on 19 September 2025, provided assurance the provider had further considered how the environment would be utilised to accommodate the increased number of young people in the home, and ensure their needs could be met.

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

The inspection findings confirmed that the home had effective systems in place for the identification, reporting, and review of incidents and complaints. Records demonstrated that staff recognised the importance of prompt reporting and that incidents were appropriately recorded and escalated in accordance with organisational policy.

Discussions with staff evidenced a good understanding of safeguarding and incident management processes. Staff described how they were supported to reflect on events and how learning was shared through handovers, supervision, and team meetings. Review of records confirmed that debrief discussions took place following incidents to identify any learning or improvements to practice.

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

The inspection findings confirmed that the service was operating out with its registration due to the increase in the number of young people in the home, prior to approval of the application to increase the maximum number of places in this service.

Further engagement with the provider post inspection, together with consideration of additional information submitted to RQIA on 19 September 2025, outlined how the provider intended to address the matters identified with respect to the environment, complexity of young people's needs and group dynamics, restrictive practices and staffing arrangements.

RQIA were satisfied that the service had considered how the environment would be utilised to accommodate the increased number of young people, and ensure their needs could be met. The provider's action plan was underpinned by a structured assessment of the potential impact on the group of young people, evidencing consideration of group dynamics and individual needs, with mitigating actions where potential risks were noted. A rights based framework was established to support the use of restrictive practises where assessed as required, and defined escalation arrangements were now in place to ensure staffing arrangements were subject to ongoing review.

RQIA subsequently determined that the application would be approved and a condition placed on the registration of the service to provide an increased number of places for a defined timescale.

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

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