The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048687

11 December 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:** – Western Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The young people 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 in this report.	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2025 between 9.10 a.m. and 4.30 p.m. The inspection 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. One area for improvement identified at the last care inspection was assessed as met. Two new areas of improvement in relation to staff training and safe recruitment were identified.

A range of documents were examined to determine if effective systems were in place to deliver safe, quality care. Discussions with the management team provided assurances care was compassionate and effective. Staff had a detailed understanding of young people's individual needs and positive relationships were evident. Young people were supported by a stable and experienced, staff team. Feedback from staff confirmed that the management team were approachable and supportive.

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/ person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff and the management team. Feedback provided a positive view regarding the commitment of the staff team to promote a trauma informed, young person centred approach to care. Staff were observed actively listening to young people and responding in an open and honest manner. Staff discussed challenges associated with the complexity of young people's needs however, spoke positively about cohesion amongst the staff team and their access to regular reflective practice sessions, debriefs and supervision.

Feedback from young people highlighted positive relationships with staff and that young people were encouraged to take an active role in their own care planning. Observations between staff and young people demonstrated strong relationships..

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?

Areas for improvement from the last inspection on 5 December 2024

Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 **Ref:** Standard 14 **Stated:** Second Time	The responsible person shall review transition processes within the home and take action to ensure; staff work collaboratively with key stakeholders to support effective transitions to independence and adulthood; and to ensure needs assessment and pathway planning for young people is consistent with legislative requirements, the young people's individual needs and abilities, and within agreed timescales. Ref: 5.2.2	**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 safe staffing arrangements are in place and that staff are well led?

Review of records and discussions with the management team provided evidence that increased capacity within the management team since the last inspection had introduced a renewed focus on governance and quality assurance. The management team demonstrated a commitment to quality improvement, which was supported by their efforts to maintain effective working relationships with the staff team.

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. Responsive staffing arrangements were evident; these are essential to safeguard and promote the health and wellbeing of the young people and ensure adherence to safety plans. This was achieved through the addition of a consistent pool of as and when (bank / agency staff) arrangements who knew the home and young people well.

The management team demonstrated they were knowledgeable in regard to safe staff recruitment practices. However, recruitment records for agency staff were not available for review. Robust arrangements must be in place that evidence all staff working in the home have been recruited in compliance with The Children's Home Regulations (Northern Ireland) 2005. An area for improvement was identified.

Training which is responsive to the needs of the young people contributes to building upon staff confidence, skill and resilience. Discussion with the management team and a review of targeted areas within the staff training matrix identified gaps in relation to Therapeutic Crisis Intervention (TCI) and Food Hygiene. This training is necessary to ensure staff are skilled and equipped to deliver young person centred, safe and effective care. An area for improvement was identified.

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

The management and staff team demonstrated a commitment to providing individualised care. They had a robust awareness of the competing needs within the group and were proactive in their attempts to reduce any adverse impact as a result.

Care records were individualised, and records to guide staff to promote young people's safety and wellbeing, such as risk assessments and individual crisis support plans (ICSPs) were detailed and specific to each young person. Evidence was also available that young people's care documentation was regularly reviewed.

Young people's holistic needs were considered and their development promoted through individual key-working sessions in areas such as; emotional regulation, independent living skills, contact with important people in the young people's lives, healthy routines and educational attainment. There was evidence young people were making consistent progress particularly in terms of school attendance, maintaining positive emotional wellbeing and a reduction in behaviours of concern.

Daily logs were maintained, providing an overview of the young person's day to day lived experience, including their engagement with staff, other young people, and the age appropriate activities that were made available to the young people.

Effective systems were in place to review and monitor the progress of young people's placements; evidence of monthly care planning meetings and Looked After Child (LAC) reviews were noted in young people's files. Discussions with the management team and a senior manager highlighted challenges associated with achieving progress against young people's transition plans due to complexity of needs and wider issues with respect to placement availability.

Assurances were however provided that any challenges in achieving young person centred, timely transitions had been escalated and actions were ongoing to resolve any barriers. Evidence of the actions being taken by the service and the senior management team to collaborate with the teams around the young people to source appropriate placements post eighteen for all young people was available. This area for improvement was therefore assessed as met.

5.2.3 How does the service ensure that risks are effectively managed?

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 should have clear justification based on a robust assessment of risk. Restrictive practices were implemented within the home as a response to assessed individual risks and concerns. Evidence was available that the young people were involved in the decision making process and there was robust multi-disciplinary oversight and review of the measures in place.

Incident records clearly described the risks and the immediate actions taken by staff to manage evident risk and promote safety. Discussion with staff and review of records post inspection confirmed regular debriefs took place following incidents and learning was shared in team meetings and supervisions. Team meetings provide opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to care. Sampling of team meeting minutes demonstrated a renewed commitment in recent months to ensure this key staff support mechanism was regularly available to staff. Progress in this area will be monitored during future inspection activity.

Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to young people in the home. Records demonstrated robust managerial oversight throughout the induction process for new staff.

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

The home was nicely decorated and presented as a comfortable, homely space for young people to live, with soft furnishings and artwork helping to create a welcoming environment. Communal areas were warm and inviting and young people had access to games and books. A well maintained outdoor space was also available to the young people.

Environmental risk assessments were in place and regularly reviewed. Maintenance logs evidenced prompt response to reported faults. Fire safety checks were up to date.

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

The home was not operating in accordance with its registration and statement of purpose. The current operating model had been discussed with RQIA prior to inspection and it had been agreed an application to vary the registration of the home would be submitted to RQIA. This had not yet been actioned. However, at the time of writing this report, the service had since returned to its original statement of purpose and was now compliant with its registration. An application to vary the registration was no longer required.

Supervision and appraisal processes can promote professional development for staff and can support them to be competent, confident and reflective practitioners. All staff had received an annual appraisal. Review of the supervision matrix and feedback from staff provided assurance that the frequency of supervision had improved in recent months due to increased capacity within the management team. This improvement should be maintained.

Review of complaints records post inspection evidenced good governance arrangements were in place and that there was a robust approach to the investigation of complaints. Where concerns had been identified, the service has undertaken internal investigations of incidents. Records provided assurance that these investigations were thorough and comprehensive, with clear outcomes and findings.

Sampling of team meeting minutes demonstrated targeted discussions in respect of the care needs of the young people. Regular staff meetings promote opportunities for developing team cohesiveness, problem solving and consistency of approach in respect of how care is delivered.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Children's Homes Regulations (Northern Ireland) 2005 and The Minimum Standards for Children's Homes (Department of Health) (2023) (Delete what is not required)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 5 February 2026	The registered person shall ensure the provider's agency staff procedure is reviewed to ensure that safe recruitment checks completed prior to agency staff working in Children's home, are consistent with The Children's Home Regulations 2005. A clear record of these checks should be maintained by the manager and made available for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager has ensured that these checks are now kept and stored under the Management section of Sharepoint Recording system.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	

Area for improvement 1 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 6 February 2025	The registered person shall ensure that all staff complete training in Therapeutic Crisis Intervention (TCI) and Food Hygiene. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager has contacted the relevant training leads in relation to both the TCI training and the Food Hygiene Training. Registered Manager is awaiting confirmation of dates for respective training.

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