The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048671

16 October 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 took place on 16 October 2025 between 9.30 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.

The inspection findings confirmed there had been a recent escalation in the level of risk within the service with respect to incidents. These incidents were driven, in part, by the current resident group dynamics. Discussion with the manager and staff, along with examination of records, provided assurance that robust arrangements were in place to respond, and that the wider multi-disciplinary care network were aware of the current challenges.

The service was well led by a management team that adopted a solution-focused approach to risk management. The staff team were compassionate, motivated and demonstrated a trauma informed response to incidents. The manager confirmed that the senior management team were cited on the concerns, a response plan was in place, and this was subject to regular review.

The young people were well cared for and related well to staff. Staff responded to young people using a trauma informed approach and demonstrated an understanding of the link between trauma and young people's presenting behaviours.

Overall, the atmosphere in the home was warm and welcoming, and although the physical environment showed signs of wear and tear, as a result of the current challenges, the manager and staff were making efforts to minimise the impact upon the presentation of the home. There was evidence staff had helped young people to decorate their personal spaces on an individual basis, which best met their needs.

Areas for improvement identified at the last care inspection were reviewed, in respect of restrictive practices, care documentation, and recruitment of agency staff was assessed as met. One new area for improvement was identified in relation to the timeliness of notifiable events to RQIA.

The inspector concluded there was safe, effective and compassionate care delivered in the home, which was well led by the management team.

The findings of this report will provide the manager 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. In addition, a range of documents was 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 at the conclusion of the inspection.

4.0 What people told us about the service

The inspector had opportunity to engage with young people, and view their bedrooms. Young people provided positive feedback regarding their lived experience in the home and the care and support available from staff.

Feedback from staff confirmed they generally felt supported by the management team, that the senior management team had oversight of the current escalated risks in the service and were proactively seeking solutions. Some staff expressed concern regarding use of temporary staff to support the staffing model and provided a view that the support available from the Police Service Northern Ireland (PSNI) in response to incidents could be improved. This is discussed in further detail in section 5.2.2.

The manager and the deputy manager spoke with compassion about the young people and demonstrated a clear understanding of their individual needs. They described the challenges young people faced and the strategies they used to support them. They acknowledged the impact on staff and described the plans in place to support the staff team through structured staff development days.

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 24 February 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 1 April 2025	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. Ref: 5.2.1	**Met**

Stated : First time	**Action taken as confirmed during the inspection**: This area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 25, Schedule 2 **Stated:** First time **To be completed by:** 1 April 2025	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: 5.2.2	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 April 2025	The registered person shall ensure that Individual Crisis Support Plans (ICSPs) clearly detail the agreed physical holds, explaining why it is necessary and how it supports the young person's safety and emotional regulation. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 How well are the young people cared for and protected?

Care planning should be reflective of each young person's needs and wishes. Robust documentation should also be in place to guide the staff team and enable them to deliver therapeutic care and support effectively.

Evidence was available that staff implemented Protecting Looked After Children (PLAC) procedures when required, in response to identified risks or safeguarding concerns. Comprehensive, trauma informed care plans, which demonstrated a focus on the likely cause of behaviours rather than the behaviour itself were available. Risk assessments, which informed individual safety plans, evidenced the involvement of the young people in their development to make them more impactful for the young people.

Staff demonstrated genuine regard for the young people in their care, and they had good knowledge of their needs, and presenting risks on both an individual and group level. Staff described the need to build relationships with the young people in order to promote safety. They acknowledged the challenges of achieving this within the context of escalating behaviours however reiterated their commitment to the young people and their ongoing efforts in this regard.

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. Evidence should also be available to reflect consultation with, and agreement of, the young person and relevant others. Although restrictive practices were in use and recorded, it was not clear that reduction plans were in place or that they were shared and agreed with relevant others such as the wider multi-disciplinary staff group. Advice was provided in this regard and the manager confirmed documentation would be amended to reflect this detail.

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

The manager confirmed there had been a direct impact of the current escalated risk within the home upon staff wellbeing and morale. This concern had been escalated to the senior management team to inform ongoing risk management arrangements, mitigations, and staff support mechanisms. Plans had been agreed to provide additional support to staff through staff development days, self-care activities, and coaching support had been made available to the manager. There was also an increased senior manager presence in the home.

Team meetings along with incident debriefs are crucial for fostering a collaborative child centred approach, they provide opportunities for staff to address challenges, reflect on their practices and develop consistent, coordinated and compassionate approaches to care. Team meetings did not occur, as consistently as is required, due to the busyness of the home however, informal supervision was readily available to all staff, alongside formal supervision. Feedback from staff provided the view that there was ongoing peer support and opportunities to exchange knowledge across the team.

The manager confirmed staff received appropriate training to support them to meet young people's needs and respond to behaviours which challenge. There was a stable staff group in place, the manager advised they no longer used agency staff, and that a pool of bank staff were

available to support the rota where required. This approach supports young people to receive consistent, coordinated care, from caregivers who know them well, and with whom they have established relationships.

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

Robust safeguarding and risk management arrangements provide an environment within which young people can feel safe, and where they can be supported to develop insight into risks, potential impact upon their safety and wellbeing, and make informed choices.

Incident notifications to RQIA prior to the inspection, and review of records on inspection, provided assurance staff responded to safeguarding concerns in line with regional policy, protocols and procedures, collaborating with the PSNI, and the wider, relevant multi-disciplinary team to promote young people's safety.

There was evidence of wider multi-disciplinary meetings to consider appropriate responses and strategies to manage the potential risk. Actions had also been taken by the senior management team regarding the support available from local policing teams and subsequently a noted improvement was described by the manager.

Engagement with staff confirmed they were aware of their safeguarding roles and responsibilities, and that they used a relational based approach to actively engage with young people, with the aim to help them develop their understanding and make informed decisions regarding their own safety.

Investigations into allegations or suspicions of harm should be handled fairly, quickly and consistently in a way that provides effective protection for young people, whilst at the same time supporting the staff member who is the subject of the allegation. A number of complaints had been investigated and adjudicated appropriately, remedial action to repair and sustain relationships between young people and staff had been implemented, with both young people and staff supported through the process. Learning had been identified, and was used to develop staff practice, and implement any changes necessary to ensure quality care was maintained.

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

There was evidence of robust governance, assurance, and accountability arrangements within the home, supported by senior managers, on a regular basis. Monthly monitoring was completed by a senior manager, independent to the home, with actions identified followed up at subsequent visits.

Notifiable events must be submitted to RQIA in a timely manner in line with The Children's Home Regulations (Northern Ireland) 2005. The timeliness of notifications was discussed with the manager and assurance provided arrangements were now in place to ensure that RQIA are

notified of incidents within prescribed timeframes. Notwithstanding, an area for improvement was identified.

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**

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager 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 29 (1) **Stated:** First time	The registered person shall ensure all notifiable events as listed in Schedule 5 of The Children's Home Regulations (Northern Ireland) 2005 are submitted to RQIA without delay. Ref: 5.2.4
To be completed by: 31 October 2025	**Response by registered person detailing the actions taken:** Previous delays in submitting Notificable to RQIA within the required timescales arose due to significant escalations in behaviour coinciding with maternity and sick leave in the management team. Going forward we will ensure consistent oversight to ensure timescales are not breached in future.

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

The **Regulation** and **Quality Improvement** Authority

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

Assurance, Challenge and Improvement in Health and Social Care