The Regulation and Quality Improvement Authority

# Children's Home Inspection Report

## IN048739

## 28 August 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Service Type:**<br>Children's Home<br>**Provider Type:**<br>Independent Provider<br><br>**Located within:** – South Eastern Health and Social Care Trust | **Manager status:**<br>Registered |
| **Brief description of how the service operates:**<br>This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).<br><br>The children living in this home have had adverse childhood experiences which has resulted in them requiring residential care. | |

## 2.0 Inspection summary

An unannounced inspection took place on 28 August 2025 between 9.30 a.m. and 4 p.m. The inspection was conducted by two care inspectors. The inspection was concluded on 29 September 2025 following consideration of additional information submitted to RQIA post inspection, and a meeting with the provider's senior management team to further inform the inspection.

The inspection was undertaken in response to intelligence, which raised concerns regarding safety and quality of care. Concerns in this regard were identified in relation to; promotion of children's welfare, staffing; management; leadership and governance arrangements; and the environment. Five areas for improvement were identified in relation to; the Statement of Purpose (SOP); safeguarding; staffing; safe recruitment; and the fire risk assessment.

RQIA also invited the provider's representatives to a Serious Concerns meeting on 15 October 2025 to seek assurance the provider had a responsive plan in place to address the identified concerns. At this meeting, the senior management team provided an account of the actions they had taken and planned to address the concerns identified. RQIA were assured that the provider had identified learning, and the resultant action plan was centred upon securing stability in staffing, management and leadership arrangements; addressing weaknesses within the service's governance and assurance mechanisms; and improving communication and escalation arrangements with placing Trusts, in order to strengthen the promotion of children's welfare. This will be discussed in greater detail in the main body of the report.

At this meeting, the provider also confirmed their intention to reduce the maximum number of registered places within the home. This action will support the management team to implement the action plan, achieve stability, and embed learning and improvement within the service. This will include supporting recently recruited staff and the current staff team who require support, coaching and modelling to ensure they have embedded learning and can deliver consistent and coordinated care.

An application to vary the registration, to reduce the maximum places in this service, was subsequently submitted to RQIA, and remains under review at the time of writing this 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 children, 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 children, 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, and the provider's senior management team at the conclusion of the inspection.

## 4.0 What people told us about the service

No children or staff were present in the home on the day of inspection to speak with the inspector. Feedback was received from staff via questionnaire post inspection and the views of children were gathered through the inspection of records held by the home.

Staff responses via questionnaires indicated that they were satisfied that children were safe and treated with compassion, that the care provided was effective and that the home was well led.

## 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 were identified at the last inspection on 22 January 2025.

## 5.2 Inspection findings

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

Children's daily logs identified that the quality of recording was of a good standard and the detail reflected the children's lived experience. These records, alongside key work sessions, provided assurance that the staff team were committed to engaging with the children in a therapeutic manner.

Records were available to support and direct staff in their interventions with the children; such as, Care Maps and Individual Crisis Support Plans (ICSPs). Evidence was available that these records were regularly reviewed and updated and were reflective of the current risks and needs of the children.

Children's meetings occurred regularly and were facilitated by staff in the home. The meetings provided an opportunity for the children to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care. Promoting children's involvement and active participation in these meetings is essential for supporting children to influence the way they are cared for and reinforce that their views and opinions matter.

However, as outlined in section 2.0, the inspection identified significant concerns regarding the arrangements in place to promote safety and quality of care within the service. Incident records identified a potential misalignment between the SOP, model of care, and the needs and presenting behaviours of children accommodated within the home.

The staff team had used physical restraint and/or restrictive practices to prevent risk of harm to children and others, the aim of which was to ensure immediate safety. However, this was not supported by a robust framework which ensured staff had the requisite training to support them to engage in this level of intervention safely; and to ensure that both children and staff had access to robust post crisis support and reflection. This increased the potential for children to experience harm.

In addition, whilst records demonstrated that incidents were notified to the relevant Health and Social Care Trust, evidence was not available to provide assurance, safeguarding and child protection arrangements within this service were robust; and that regional child protection procedures had been adhered to. There were also concerns that these matters were not identified, or appropriately addressed, through the service's management and governance arrangements.

As a result, RQIA invited the provider to a serious concerns meeting on 15 October 2025 to address the concerns identified; and received the necessary assurances that senior management were cited on the concerns, and had a plan in place to drive improvement with respect to addressing the weaknesses in the home's governance and assurance mechanisms. The plan also sought to improve communication and escalation arrangements with placing Trusts.

As outlined in section 2.0, an application was subsequently submitted to RQIA to vary the registration, to reduce the maximum places in this service. This action aimed to support the management team to implement the action plan, achieve stability, and embed learning and improvement within the service.

RQIA will also continue to monitor and review the quality of service provided in this home. Two areas for improvement were identified to further drive improvement; in relation to safeguarding arrangements and the alignment of the SOP with the needs of the children accommodated within the home.

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

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 (TCI) and fire training.

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.

As discussed in section 2.0 and 5.2.1 the inspection identified significant concerns, which resulted in RQIA inviting the provider's representatives to a Serious Concerns meeting on 15 October 2025. The inspection findings identified that the home did not employ a sufficient number of staff to provide care for the number of children for which they were registered. The action plan, which the service provided to RQIA and discussed at the meeting, sought to secure stability in staffing.

Additionally, the service confirmed that they intended to reduce the registered places in the service. This action will support the management team to implement the action plan, achieve stability, and embed learning and improvement within the service. This will include supporting recently recruited staff and the current staff team who require support, coaching and modelling to ensure they have embedded learning and can deliver consistent and coordinated care. An area for improvement was also identified in relation to staffing.

Evidence was not available that full and satisfactory information was available to the manager of the home in relation to the recruitment of staff, in line with Schedule 2 of The Children's Home Regulations (Northern Ireland) 2005. Evidence was submitted post inspection which provided assurance that staff were subject to safe recruitment however; the registered manager should have oversight of this process. An area for improvement was identified.

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

Fire records evidenced that fire safety checks were completed regularly and consistently. However, the action plan resulting from the most recent fire risk assessment had not been completed by the management team; and did not provide the necessary assurance that the recommendations had been actioned. An area for improvement was identified.

The home was nicely decorated and presented as a comfortable, homely space for young people to live; with soft furnishings being utilised to create a welcoming environment. A well maintained and welcoming outdoor space was also available to the children. However, an area of flooring required to be replaced. This was discussed with the provider at the Serious Concerns meeting and RQIA received assurance regarding the plans in place to replace the area of damaged flooring, and prevent future damage reoccurring in the future.

## 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).**

| | Regulations | Standards |
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| **Total number of Areas for Improvement** | 4 | 1 |

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and senior management team as part of the inspection process and subsequent enforcement action. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| **Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 November 2025 | The registered person shall ensure the statement of purpose is aligned to the needs of the children accommodated in the home.<br><br>Ref: 5.2.1 |
| | **Response by registered person detailing the actions taken:**<br>In reviewing the recommendation the home has decided in agreement with RQIA to reduce admission to one young person. In future decisions with referral agents a more detailed assessment will be formulated prior to any confirmation of an |

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| | admission into the home. The pre-referral assessment framework will be completed with the relevant referral agent, the management in the home and the current provider this will allow us more detailed information in regards to current and assess the information as per a fit to the homes statement of purpose. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 11<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 November 2025 | The registered person shall ensure that the children's home is conducted so as to promote and make proper provision for the welfare of children accommodated there. This should include robust internal and external governance mechanisms, with respect to incident and risk management and safeguarding arrangements.<br><br>Ref: 5.2.1 |
| | **Response by registered person detailing the actions taken**:<br>We reviewed and updated reporting policy to reflect more detailed information in regards to a closed loop review for incidents (further oversight), welfare checks and a number of flowcharts that support the safeguarding and governance within the registered service. This flowcharts show the process for welfare checks and for internal and external staff related concern matters. Incidents are required to have follow up recorded and through this lessons can be learnt from the home.<br><br>Registered Manager asked for welfare checks and risk management strategy meetings with the trust to plan and managed any potential risks. The Registered Manager and Deputy Manager to follow up with staff in regards to incidents that are not in line with the homes SOP and organisational processes. Monthly Monitoring of Incidents to identify incident trends that will support PSBP, Risk Assessments and Safety Planning. Incident monitoring will support trends of behaviours, actions and steps taken to support the young person within the home. |
| **Area for improvement 3**<br><br>**Ref:** Regulation 25<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 November 2025 | The registered person shall ensure that full and satisfactory information is available to the manager of the home in relation to the recruitment of staff, in line with Schedule 2 of The Children's Home Regulations (Northern Ireland) 2005.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken**:<br>In response to this area for improvement, the Registered Person ensured that the Registered Manager had full and satisfactory access to the staff members employment records after the inspection. The Registered Manager has had access |

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| | to complete a review and verification process for all staff members that work within the registered service. The organisation updated policy to reflect a Registered Manager Verification check that is noted within the Safer Recruitment policy. The Registered Manager has completed the verification check for all staff members with their registered service. |
| **Area for improvement 4**<br><br>**Ref:** Regulation 31<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 November 2025 | The registered person shall ensure that the home has a current fire risk assessment in place and actions arising as a result of the assessment are responded to. The associated action plan must be updated to evidence the actions taken.<br><br>Ref: 5.2.3 |
| | **Response by registered person detailing the actions taken**:<br>On the 29 August 2025 Registered manager emailed health and Safety officer for an updated fire risk assessment following the relocation of fire extinguishers due to a safety risk of them being used as weapons. He returned an updated fire risk assessment to reflect this. The detailed fire risk assessment action plan was updated to clearly evidence each action, the person responsible, and the date of completion.<br><br>Fire Extinguisher relocation declaration was completed with all the staff members in the home and signed and placed in the front of the homes fire folder (including where the fire extinguishers are now located). Fire evacuation plan was also updated to reflect this and placed throughout the home. |
| **Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 17<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 November 2025 | The registered person shall ensure the home employs sufficient numbers of staff with appropriate qualifications, training and experience to support and meet the needs of the children.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager has ensured that the home consistently employed sufficient numbers of staff with the appropriate qualifications, training, and experience to meet the assessed needs of the children accommodated. This is in line with job descriptions and the organisations qualification conditions.<br><br>Staffing levels were actively monitored and managed to maintain safe and effective care delivery at all times. Where staff were unavailable due to sickness or annual leave, cover |

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| | was promptly arranged through the organisation's established casual staffing list, this was further developed in July 2025.<br><br>In circumstances where this was restrictive cover, approved agency staff were utilised without hesitation to ensure staffing requirements were met. When using agency we used the same two workers to ensure consistently for the young person. Registered manager was provided with all their qualifications, training and experience. The Registered Manager and the Senior Deputy Manager completed shifts within the home help with stability and support for the young person and team. |

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