The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048753

9 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:** Independent Provider **Located within:** Northern Heath and Social Care Trust	**Manager status:** Not registered-application submitted
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 physical and or intellectual needs/ disability and in need of short breaks in 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 9 October 2025, from 9.30 a.m. to 4.30 p.m. The inspection was conducted by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The staff had a detailed understanding of young people's individual needs, promoted child centred, rights based care and positive relationships were evident. There was evidence of matching young people's needs to the home, followed up by introductions prior to short breaks commencing. Good staffing levels, support for staff and good leadership and management arrangements were also noted.

Areas requiring improvement were identified in relation to staff training and fire safety arrangements.

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

4.0 What people told us about the service

The inspector spoke with staff and the manager and deputy manager on the day of inspection.

The inspector observed the young people and their interactions with staff on the day of inspection. The young people's body language presented as relaxed and content. Staff were compassionate, warm, respectful and caring in their interactions with the young people.

Staff expressed satisfaction with how the home was managed. They said that they had appropriate training to look after the young people and meet their needs. They also said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

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?

The last inspection was completed by a pharmacy inspector on the 6 January 2025. No areas of improvement were identified.

5.2 Inspection findings

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

Review of records and discussions with the manager and deputy manager confirmed that prior to any young person being admitted to the home, the decision was informed by a comprehensive assessment of the young people's needs and wishes. The young people's needs were accurately matched to what the home could offer and introductory visits to the home took place prior to moving in.

Handover records are a key communication tool between staff members across shifts to ensure that essential information is shared effectively. The handover records inspected were sufficiently detailed and consistently completed to promote effective communication between staff.

Young people`s records were well organised, easily accessible, and routinely updated to ensure staff remained informed about each young person`s individual needs and agreed care and risk management plans. The records sampled were personalised, outcome focused and reflected a coordinated approach by those involved in the young person`s care.

The records inspected and feedback received during the inspection confirmed that the meals provided within the home reflected the preferences and dietary needs of the young people and encouraged their participation in meal preparation.

The management team described a culture within the home that is child centred and encourages and maximises the participation of the young people in every aspect of decision making about their care, welfare and environment.

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

Discussions with staff and the management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led. The use of restrictive practices are considered by staff to be a last resort and only implemented in accordance with each young person's care plan and in proportion to the risk of harm if no action is taken.

The manager described the staffing levels, which had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced staffing levels were consistent with the levels described; and are reviewed on an ongoing basis to ensure they remain consistent with the needs of the group of young people in the home. Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people and adhere to safety plans.

Training which is responsive to the needs of the children and of the staff team contributes to building upon staff confidence, skill and resilience, and further ensures staff are equipped to meet any complex needs within the resident group. Discussions with the management team and a review of the staff training records identified gaps in mandatory/essential training. This training is necessary to ensure all staff are skilled and equipped to deliver child centred, safe and effective care and support. An area for improvement was identified.

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

The home was well maintained and presented as a comfortable, welcoming space. Young people's rooms had been nicely decorated and accessorised. The external environment was equipped with age appropriate equipment to ensure it was a safe and friendly setting for the young people to spend time in. Access to a safe well designed home with adequate spaces and the necessary facilities promotes young people's development.

Fire safety records showed that fire safety checks, fire drills and fire training were completed regularly. The annual fire risk assessment provided the necessary assurance that the associated action plan had been completed. A fire evacuation plan had not been placed within the fire file, readily available to staff at all times. An area for improvement was identified.

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

Induction is provided for all staff. This provides assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the young people in the home. A robust induction process will not only benefit newer members of staff with integrating into their role, but it will also help promote a consistent approach in relation to daily practices within the home.

The management team convene regular team meetings and provide regular staff supervision. Staff described supervision received to be of good quality. 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. Supervision is crucial for fostering a collaborative child centred approach, it provides opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to care.

Clear records were maintained of measures taken by staff; to promote and encourage positive behaviour responses by the young people. Actions that restricted young people had clear justification and were based on an assessment of risk, which provided evidence that the

restriction was needed and proportionate. The restriction was regularly reviewed by a multi-disciplinary team and informed by consideration of young people`s rights.

Complaints records showed good governance arrangements were in place and that there was a robust approach to the investigation and resolution of complaints. The manager reflected the learning and improvement gained from the most recent complaint.

The inspection findings confirmed that the staff team have benefited from stability from the appointment of a permanent manager, the visible leadership they demonstrate and their commitment to promoting an open culture within the service.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023)**

	Regulations	Standards
Total number of Areas for Improvement	0	2

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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 09 January 2026	The registered person shall ensure arrangements are in place to ensure all staff complete mandatory training within the required timescales, as a result of this inspection particular attention should be given to Deprivation of Liberty, First Aid, Moving and Handling and Disability Awareness Training Ref: 5.2.2
	Response by registered person detailing the actions taken: Audit of training matrix completed with individual follow up to staff to complete training as required. Disability awareness training sourced and planned for 13th Jan at team meeting. Updated training matrix currently being introduced to highlight amber/red alerts when training dates are expiring to enable planning and prevent gaps in training
Area for improvement 2 **Ref:** Standard 22 **Stated:** First time	The registered person shall ensure that a fire evacuation plan is placed within the fire file, readily available to staff at all times. Ref: 5.2.3

To be completed by: 9 October 2025	.
	Response by registered person detailing the actions taken: Fire evacuation Plan is completed daily at handover – Crisis management/continuity Plan which includes evacuation plan has been updated and signed by ADCS – Copy of this now held in Fire file – Additional copy also added to an Emergency Grab Bag held in utility room, should it not be possible to access Fire File on evacuation.

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

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