The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048691

01 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:** – Western 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 had adverse childhood experiences, which has resulted in them requiring residential care.	

2.0 Inspection summary

An unannounced inspection took place on 1 October 2025 between 10 a.m. and 4 p.m. Two care inspectors conducted the inspection.

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, compassionate and well-led care. Four areas for improvement identified at the last inspection in relation to medicines management were assessed as met.

A stable, experienced and well led staff team provided care to the children. Staff were trauma informed in their approach, had a detailed understanding of the children's individual needs and described positive relationships with children.

There was clear evidence of governance and oversight in relation to staff recruitment, child protection and record keeping, through regular audit processes and established practices. The physical environment of the home was welcoming and well maintained.

One area requiring improvement was identified in relation to restrictive practice records.

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

The findings of this report will provide the manager with the necessary information to improve staff practice and children'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 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. The children were not present on the day of the inspection however; the provider assured the inspectors that assistance to complete questionnaires would be made available to the children.

Information was provided to staff on how they could provide feedback on the quality of care and support in this home. This included questionnaires.

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

There were no children available during the inspection to speak with inspectors.

Feedback from staff provided a positive view regarding the culture and ethos of the home, and the quality of the children's environment. Feedback confirmed that staff felt supported, empowered in their work and had the opportunity to learn and develop in relation to their role and responsibilities. Staff spoke compassionately about the children in their care.

Social work staff who were completing their Assessed Year in Employment (AYE) confirmed that they had appropriate levels of supervision and opportunity to complete their competency requirements. All staff felt included and valued in relation to their views and overall contribution to the running of the home.

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 18 June 2024		
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:** Appendix 1, Standard 3 **Stated:** First time	The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded daily to ensure that medicines are stored according to the manufacturers' recommendations. Appropriate action must be taken if the temperature exceeds 25ºC.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Appendix 1, Standard 4 **Stated:** First time **To be completed by:**	The registered person shall ensure that the receipt, administration and disposal of Schedule 2 and 3 controlled drugs are maintained in a controlled drug record book.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Appendix 1, Standard 4 **Stated:** First time	The registered person shall ensure that stock balances of controlled drugs stored in the controlled drug cabinet are reconciled on each occasion when the responsibility for secure storage is transferred.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 4 **Ref:** Appendix 1, Standard 1 **Stated:** First time	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 How does the home ensure children have access to safe and effective care?

Care planning should be reflective of each young person's needs and wishes, with documentation in place to guide the staff team and enable them to deliver therapeutic care and support effectively. Staff were knowledgeable in relation to the needs of the children and had a clear understanding of trauma informed practice.

There was evidence of regular communication with the multi-disciplinary team in relation to the children's individual circumstances and that the staff used this knowledge to inform their interventions when working directly with the children. Staff worked with other key stakeholders, such as education professionals and statutory field social workers, to support transitions. Onward referrals to specialist services for children were completed when required.

Care plans reflected regular review by the manager to evaluate the quality and effectiveness of staff interventions and adjust strategies in line with children's needs. There was evidence that staff used team meetings to update and share their knowledge, with the aim to ensure consistency of care for children.

Effective information sharing supports staff to make safe and effective day-to-day decisions on how care is delivered, whilst also providing evidence that robust planning is in place. Electronic daily logs, were clearly written and available to staff at handover and were audited on a weekly basis to monitor quality, identify trends or areas of concern in relation to the quality of care provided.

Records inspected evidenced good recording practices; information was clear, legible, and succinct and added to the overall 'story' of the children's lived experience in the home. Robust records were also maintained with respect to incidents, safeguarding and restrictive practices. Evidence was available records were regularly audited and actions taken to address any concerns identified.

Robust safeguarding arrangements ensure children have the opportunity to grow and develop in a safe environment, where they are protected and their rights and dignity are maintained. Evidence was available that the staff and management team were responsive and taking the necessary actions to address safeguarding concerns in line with the regional policy - 'Co-operating to Safeguard Children and Young People in Northern Ireland' (2024). Incidents were reviewed for learning and shared with the team, this ensured staff were clear on their

safeguarding roles and responsibilities. On call support was also available from the management team in the event staff required assistance.

Review of records confirmed that decisions regarding the admission of any new children to the home were informed by a comprehensive assessment of each individual child, their needs, the potential risks and subsequent impact on the group dynamic. The inspectors were assured that a matching process was in place and followed when planning the admission of a child to the home, which included a planned transition period.

Children had access to advocacy support services, with the opportunity to engage monthly with Voice of Young People in Care (VOYPIC) in relation to their lived experience during house meetings. Evidence was available that the manager responded to children's requests after the meeting and acknowledged their participation in positive manner, providing them with a forum to access information, share their views, and have an impact on decisions that affect them.

5.2.2 Staff have the right skills, knowledge and experience to provide holistic care for the children in the home

A culture of learning and improvement within the home encouraged staff to continue to learn and develop professionally, but also to strengthen and embed the overall core skills required to meet the needs of children in their care. Training logs were up to date, and were audited by the manager on a regular basis. Arrangements were in place to mentor staff who may benefit from coaching, modelling and further support. A range of professions and expertise existed within the staff group.

The inspection findings confirmed that the staff have benefited from stability within the management team, the visible leadership they demonstrate and their commitment to promoting an open culture within the service. Staff described a supportive environment within the home and reported that they benefited from regular supervision and team meetings where staff exchange experiences and ideas. Staff also advised they felt safe and supported to report any areas of concern.

Staff undertaking the Assessed year in employment (AYE) stated that they felt well supported to achieve the requirements. Less experienced staff benefited from mentoring by more experienced colleagues and upon appointment, new staff commenced on a shift pattern, which allowed them to become familiar with recording and governance requirements.

The number of staff available to provide care on the day of the inspection presented as consistent with the described needs of the children in the home. The manager confirmed there were no vacancies within the staff team. Agency staff were not currently in use. The staff team were supported by a pool of bank staff to ensure consistency of staff and delivery of care to the children.

5.2.3 Children experience high quality facilities; and live in a supportive and homely environment

The environment was welcoming, homely, well maintained and spacious. Maintenance work was completed when required and in a timely manner. Staff used the outside spaces to help promote a healthy lifestyle and as a space to support children to regulate their feelings and behaviour.

The children have autonomy over how their bedroom spaces are decorated, this approach helped to create a sense of ownership over their own private spaces. Staff supported the children to clean their room and keep it in good order, this encouraged development of self-care and independence skills. Communal spaces within the home were maintained to an acceptable standard by staff.

Environmental restrictions within the home were observed. Children's access was restricted in relation to the staff office, confidential information, and storage rooms for medication and hazardous substances. These restrictions were proportionate to the presenting levels of risk, compliant with data protection regulations, and necessary to safeguard the health, wellbeing and safety of both children and staff. The home have a restrictive practice policy in place.

Review of restrictive practices records identified improvement was required with respect to recording practices. There should be evidence of consultation with the child and relevant others such as relative/carers and the multi-disciplinary team with clear agreement that includes the time frame for review, and or the reduction plan in place (as appropriate). This was identified as an area for improvement.

6.0 Quality Improvement Plan/Areas for Improvement

Area for improvement has 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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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 11 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall review restrictive practice documentation and take action to ensure clear written records are maintained which evidence consultation with the child and relevant others. This should result in multi-disciplinary team agreement regarding the least restrictive practice that should be implemented, specific time frames for review, and if appropriate a reduction plan. Ref: 5.2.3

	Response by registered person detailing the actions taken: The Home/Service has a restrictive Practice Policy in place which has been reviewed, updated and new practice and procedures enacted. It clarifies the consulation process in respect of the particular restrictive practice employed for each resident child in order to ensure their safety.The policy describes how consultation with each child takes place in an age and developmentally appropriate manner. The policy additionally explains the consultation process engaged in, in respect of the multidisciplinary team within the Home/Service and also in respect of relevant external parties. This includes their involvement in risk assessment and agreement of restrictive practice management plans, which outline the restrictive practice employed and the review process and timeline involved in same, with the aim of reducing the use of restrictive practice as soon as it is safe to do so. Written records of consultations and decisions are maintained on each child's file as required.

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