The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN047908

3 July 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:** – Southern Health and Social Care Trust	**Manager status:** Not registered
Brief description of how the service operates: The children living in this home have been assessed as having physical and or intellectual needs/ disability and in need of medium to long term care in residential care.	

2.0 Inspection summary

An unannounced inspection took place on 3 July 2025 between 9.30 a.m. and 6.15 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 found that four areas for improvement identified at the last care inspection were met. These were in relation to staff training; recording of incidents; staff support arrangements; and restrictive practices.

The inspection identified concerns in relation to fire safety and the continued absence of a registered manager. RQIA invited the provider's representatives to an Enhanced Feedback Meeting on 8 August 2025 who provided an account of the actions they had taken and planned to address the concerns identified. RQIA were assured that the providers representatives were cited on the concerns identified and had the capacity to drive forward the necessary improvements required in this service. This will be discussed in greater detail in the main body of the report.

Three new areas for improvement were identified in relation to the environment, fire safety, and the registered manager position.

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, and senior manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with staff, relatives/carers and observed care of the young people on the day of inspection.

Young people were observed as relaxed and content in the presence of staff. Staff were compassionate, warm, respectful and caring in their interactions with the young people. Staff were observed adjusting their communication to match the individual needs of the young people.

Relatives/carers reported positively on the quality of care provided to the young people and the communication and relationships between staff and relatives/carers.

Discussions with staff identified that although staff mostly felt supported by the management team, there were issues related to rota changes within the home, which were affecting staff morale. This feedback was provided to the manager at the conclusion of the inspection and assurance was provided that robust plans were in place to increase opportunities for staff engagement. This is discussed in greater detail in section 5.2.4.

Feedback from staff highlighted potential barriers affecting communication between staff and the management team. This feedback was provided to the manager at the conclusion of the inspection and advice was provided regarding adopting a dynamic and targeted approach to improve engaging individual staff members where required.

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 17 July 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:** Standard 17.10 **Stated:** Second time	The responsible person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 18 **Stated:** Second time	The responsible person shall ensure recording practice in relation to incidents at the home is improved in line with professional standards and in accordance with NISCC codes of practice.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 17.3 **Stated:** First time	The responsible person shall ensure arrangements are in place to support staff in decision making and ensure a consistent approach to the care of young people; this should include regular and effective team meetings.	**Met**

To be completed by: 17 October 2024	**Action taken as confirmed during the inspection**: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 11 **Stated:** First time	The responsible person shall ensure robust processes are in place for the implementation and review of restrictive practices in line with regional guidance.	**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 young people are getting the right care at the right time?

Young people's records identified that the quality of recording was of a good standard. Records sampled provided assurance that the staff team were committed to engaging with the young people in a therapeutic manner and in preferred activities. Discussions with staff confirmed they knew the young people well, how they liked to be cared for, and the agreed strategies that promoted their safety and wellbeing.

Incident records evidenced that staff were responsive to immediate risks with robust action, reporting and recording by staff in response to challenging incidents. Records identified arrangements in place to ensure robust governance and oversight of incidents by senior management and processes to ensure learning and feedback could be provided to staff.

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments and Positive Behaviour Support Plans. Evidence was available that these records were regularly reviewed and updated and reflective of the current risks and needs of the young people.

Meeting records provided assurance that professionals involved in young people's lives met on a regular basis to discuss and review the therapeutic and care needs of young people. These meetings supported and informed child centred care planning.

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

Young people thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships. Sampling of the rota and discussion with

staff and the management team confirmed that although the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people, optimum staffing levels were not always achieved. However, significant improvement in staffing arrangements was evident since the last inspection and there was a consistent and experienced staff team available to the young people.

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, safety intervention and fire training. Significant improvement in training compliance levels was evident since the last inspection.

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

Significant damage was evident within the home environment, including broken windows and doors; and damaged ceilings, walls and light fixtures. The homeliness of the home had been significantly impacted by both the damage to the environment and environmental management strategies which had been put in place to ensure the safety of young people and staff.

Assurances were received on the day of inspection that senior management shared the concerns regarding the home environment and had an action plan in place to ensure the required improvements were made in a timely manner. An area for improvement was identified in relation to the environment.

Fire records evidenced that fire safety checks were completed regularly and consistently within the home. However, as outlined in section 2.0 the inspection identified concerns in relation to fire safety risk management arrangements within the home. A fire evacuation had not been completed for a significant period of time, which included both staff and young people.

There were also concerns that the fire safety arrangements within the home had not been reviewed by a fire officer following the environmental damage which had occurred within the home. Fire safety arrangements, including potentially the fire risk assessment, should be reviewed if there are material alterations or significant change to the matters that were taken in to account when the risk assessment was last carried out.

As a result, RQIA invited the provider to attend an Enhanced Feedback Meeting on 8 August 2025 to address the concerns identified. At this meeting, the provider's representatives provided an account of the actions they had taken and planned. RQIA were assured that the fire safety arrangements within the home had been reviewed by a fire officer post inspection, to ensure the safety of the premises. They had also planned a fire evacuation to take place in a timely manner, in a way which meets the needs of young people. RQIA were assured that the provider had identified learning, regarding the home's responsiveness to emerging fire safety risks in order to ensure the safety of the premises. An area for improvement has been identified in relation to fire safety.

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

As outlined in section 2.0, the inspection identified concerns regarding the absence of a registered manager within this service for a significant period. As a result, RQIA invited the provider to attend an Enhanced Feedback Meeting on 8 August 2025 to address the concerns identified. At this meeting, the provider's representatives provided an account of the actions they had taken to drive progress in this area. RQIA were assured that the actions taken by the provider in order to secure a registered manager were robust. It was agreed the provider would submit a plan, in writing to RQIA, which confirms the actions to be taken to appoint an individual to manage the children's home and timescale within which RQIA can expect to receive an application. This was identified as an area for improvement.

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. Although there were frequent opportunities for staff to come together for team meetings, staff engagement sessions and reflective practice sessions; attendance at these meetings was low across the staff team. Evidence was provided that there were robust plans in place to increase staff attendance at meetings through alterations to the staff rota and that engagement with stakeholders regarding this process was ongoing. Assurance was also provided that virtual attendance at meetings was being facilitated in order to increase opportunities for staff to attend.

Actions that restrict young people must have clear justification and be based on an assessment of risk, which evidences that the restriction is needed and proportionate. Restrictions must be regularly reviewed by a multi-disciplinary team and informed by consideration of young people's rights. Restrictive practice records identified that restrictions which were being implemented within the home were supported by a robust framework of recording, which evidenced decision making and review.

Sampling of complaints records evidenced good governance, robust investigation and feedback being sought from complainants as part of the complaints process. This is good practice and supports the home to reflect upon what is working well, what could be improved and supports continuous learning and improvement 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 Children's Homes Regulations (Northern Ireland) 2005 and The Minimum Standards for Children's Homes (Department of Health) (2023).**

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and a senior manager as part of the inspection process and during the Enhanced Feedback Meeting. 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 7 **Stated:** First time **To be completed by:** 3 October 2025	The responsible person shall ensure that a plan is submitted to RQIA, which describes the intended actions to appoint an individual to manage the children's home. This plan will also outline the timescales within which an application to register an individual as manager will be submitted to RQIA. Ref: 5.2.4.
	Response by registered person detailing the actions taken: The post of Registered Manager within the service has been out twice in the past year for both internal temporary and external permanent recruitment. The Trust progressed a specific recruitment campaign supported by video footage of the service with input from the staff team shared across social media. Unfortunately these recruitment campaigns were unsuccessful. More recently the Trust issued a further internal Expression of Interest given the growing urgency for a registered manager. There were 3 applicants for the post, who have all been interviewed and were appointable to the post. The most appointable candidate has been offered the post, for 12 months in the first instance, which they have accepted. It is hoped that this person will be joining the service in by the end of September/start of October. An application will then be submitted to RQIA to register this individual as the manager.
Area for improvement 2 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 25 September 2025	The responsible person shall ensure that adequate precautions are taken against the risk of fire and that fire safety risk management arrangements are responsive to emerging fire safety risks to ensure the safety of the premises. Ref: 5.2.3.
	Response by registered person detailing the actions taken: The Service Manager has liaised with the Trust's Fire Officer to discuss the issues raised by the inspector. A rationale was provided to the Fire Officer in relation to wood being used to board up damaged areas and the difficulties associated with undertaking full fire drills given the particular needs of the residents. It was agreed that a full fire drill will take place during the first week of September, recorded and shared with the relevant depts. The Fire Officer has advised that they are not concerned in relation to pieces of wood being used to board up areas of the building as there were additional fire exits, numerous smoke/fire detectors and emergency lighting available which negated the concerns raised by the inspector.

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:** 23 October 2025	The responsible person shall ensure that young people live in a suitable physical environment, which is well maintained and nicely decorated. The action plan identified by the provider to address the environmental concerns should be subject to review; and any barriers to achieving improvements escalated to senior management for action as necessary. Ref: 5.2.3.
	Response by registered person detailing the actions taken: The Trust have committed £300,000 of capital funding to ensuring the appropriate refurbishment and repair works are now progressed so that all areas of the building are once again accessible to the young people. The Senior Management Team have agreed a schedule of works and a project manager from Estates has been assigned to the service with the objective of improving/enhancing the environment as a whole using more robust materials and structures to minimise damage caused by residents in the future. This work has commenced and there are fortnightly meetings of the project team scheduled to ensure this work stays on track until conclusion with minimum disruption to the residents.

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