The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048070

14 May 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:** – South Eastern Health and Social Care Trust	**Manager status:** Not 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.

A time limited variation to the registration of this service had been approved by RQIA and was in place at the time of this inspection.

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 14 May 2025 between 10.20 a.m. and 3.20 p.m. The inspection was conducted by a care inspector.

The inspection focused on the arrangements in place to promote the health and wellbeing of the young people; and included review of the involvement of the young people in decisions regarding their health and wellbeing.

The inspection also focused on progress made in relation to 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. Three areas for improvement identified during the previous care inspection were assessed as met in relation to behaviour management, young people's involvement in their care, and staff supervision. No new areas of improvement were identified.

Observation of care and interactions with staff and young people identified a dedicated staff team who had a detailed understanding of the young people's individual needs. Young people were spoken to respectfully and positive relationships were evident.
The management team were visible role models and their leadership approach supported a culture that was respectful and supportive to staff. Staff spoke positively about the support they received from the management team.

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

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff. Feedback from young people was positive; they expressed that they enjoyed living in the home, had good relationships with staff, and were able to discuss any concerns or issues with staff openly and honestly. They felt they were listened to, supported and well cared for.

Young people's meetings were held on a regular basis and time was given prior to the meeting for the young person to detail what they wanted to discuss and what was important to them. This approach conveys to young people that their views matter, and that they are able to influence the running of the home.

Young people reported that they met with their key worker on a one-to-one basis; they advised this was useful, however, confirmed they could speak to any member of staff if they had any

concerns or worries. Young people were also encouraged and supported to attend their Looked After Children (LAC) review; which brings together supporting professionals and carers/relatives to consider if the care they receive meets their individual needs.

Staff described that care delivered to young people was individualised to their specific needs. Staff were able to spend quality time with the young people and had built trusting relationships as a result. Staff were of the view these relationships had a positive impact on their ability to improve outcomes for the young people.

Staff advised that they enjoyed working in the home and were supported by the management team. They were comfortable discussing any concerns and felt listened to.

No feedback was received by RQIA via questionnaires or electronic survey within the required timescales for inclusion in this report.

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 5 May 2023		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 3 **Stated:** First time	The registered person shall ensure that governance arrangements are in place to ensure that staff are consistently using a proportionate, consistent, fair and measured response to managing young people's behaviour. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 1 **Stated:** First time	The registered person shall review the current service engagement model with young people and determine the best approach to ensure that the views, wishes, and feelings of young people are regularly sought and used to monitor and evaluate their lived experienced in the home. Records should be maintained to evidence that these views are considered in	**Met**

	decisions about improvements to the home and how care should be delivered. Ref: 5.2.4	
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 17 **Stated:** First time	The registered person shall ensure that all staff receive regular supervision in keeping with provider's supervision model to ensure staff adhere to professional codes of practice and are equipped with the knowledge and skills to support and meet the needs of the young people. Ref: 5.2.4	**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?

During the inspection staff advised that young people had restricted access to some areas within the home. These areas included the storage room for medications and staff office which contained confidential information. Staff confirmed this was for the safety of the young people and to ensure compliance with data protection regulations.

Staff confirmed that a trauma informed approach underpinned the delivery of care to young people; and that there was a training programme in place to support staff to maintain their skills and knowledge in this key training area.

It was evident that staff understood how trauma and adverse childhood experiences influence how young people interact and engage with others. Review of care records and risk assessments evidenced risk behaviours, triggers, and how to support a young person both during and after an incident was described. Reflection with young people after an event was also promoted, which included supporting the young person to reflect upon how a situation could be managed differently in the future. Staff indicated that this approach had positive outcomes for the young people.

5.2.2 How does the service promote and protect the health of the young people?

Review of case records demonstrated that health needs were integral to the overall care and support of the young people. Details of health professionals involved with the young people were recorded and evidence of appointments were detailed, e.g. dental and vaccination appointments.

The management team confirmed that a comprehensive assessment of the young person's health needs prior to admission would be completed by the Looked After Children's (LAC) Nurse. Each young person was registered with a General Practitioner (GP) and the Looked After Children's (LAC) Nurse provided support, advice and training for specific, individual health issues identified.

It is essential that when administering medication, staff are aware of the effect and side-effects in order that any issues can be detected and medical advice sought as required. Review of records identified that GP prescriptions were in place with detailed information regarding prescribed medication available for staff.

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

Staff training can support staff to be competent, confident practitioners. A robust training matrix was in place within the home to monitor compliance with training and each staff member had an individual training plan in place. The management team reviewed training on a regular basis and staff were aware of training needs required. Training records were up to date with a renewal date for each training course identified.

Arrangements were in place to support staff health and wellbeing. Psychology services were available to staff if required. In addition, post incident support, reflective practice, supervision and team meetings were also available.

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

The home was well presented, clean, tidy and had a homely feel. A number of communal areas were available that were well decorated with comfortable seating.

The kitchen was large, with a dining space where staff and young people could enjoy meals together. Young people were supported to engage in meal planning and preparation. This approach supported young people to develop life skills and develop knowledge and understanding of diet and nutrition.

Young people's bedrooms, with en-suite, were individualised with pictures, bedding and soft furnishings that reflected their preferences and they were encouraged and supported to keep this space tidy and clean.

The external space was well maintained, spacious and secure; and was accessed regularly for relaxation and activities by young people and staff.

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

There was an acting manager arrangement in place at the point of inspection. Whilst the management structure within the home was stable at the time of inspection; the current manager was moving to another service. An individual had been appointed to manage the home on an interim basis and their induction planned. Management arrangements will be reviewed by RQIA during future inspection and regulatory activity.

Overall, there was a stable core staff team in place. There was limited use of agency staff; and the staffing arrangements in place promoted stability, consistency and predictability for young people.

Discussion with the management team, staff and review of records confirmed that processes were in place to support the delivery of effective, consistent care to the young people. Staff shift handovers, monthly team meetings, supervision and reflective practice were in place. This supported effective communication as well as learning from incidents, complaints, and themes around restrictive practice. These mechanisms provided staff with the opportunity to review their practice, express concerns, opinions and ensure a consistent approach to care of the young people.

A range of policies were also in place to support staff and were reviewed and updated on a regular basis. Changes to policy and procedure were communicated to staff who were required to review documentation, and sign to demonstrate awareness of the policy in place.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.





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