The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048311

28 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 young people living in this home have been assessed as having intellectual needs/ disability and in need of medium to long term care. Since the last inspection, the provider had submitted an application to RQIA to make a change to the registration of this service. This application was approved by RQIA and a condition placed upon the registration to extend a placement for a time limited period. 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 28 May 2025 between 09.00 a.m. and 16.30 p.m. The inspection was conducted by a care inspector.

This inspection focused upon the arrangements in place to promote the health and wellbeing of the young people; how well the service supported young people to maintain positive health and wellbeing, and young people's access to services to meet their needs.

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. One area for improvement in relation to recruitment was carried forward to the next inspection. A second area for improvement in relation to access to leisure activities was assessed as met. No new areas of improvement were identified.

Review of records, observation and discussion with the young people, staff and the management team informed the inspection findings; and provided assurance that the staff team had a detailed understanding of young people's individual needs. The young people were supported by a stable, and experienced staff team, and positive relationships with young people were evident.

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 manager and representatives of the senior management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff, the management team, and representatives of the senior management team. Young people who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings and engaged well with staff.

Young people, carers/relatives and visitors also had the opportunity to provide feedback via a questionnaire. No feedback was received by RQIA via questionnaires or electronic survey post inspection.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and the support available from the management team. Observations of staff interacting with the young people provided assurance they knew how to provide the right care at the right time; including how to communicate with the young people to enable them to make choices and to ensure they were well cared for.

Staff presented as young person-centred and therapeutic within their approach. Staff reported effective working relationships with healthcare professionals, and general practitioners in the local area. Staff described these relationships enabled the staff team to promote the health and wellbeing of the young people, and ensure consistent and coordinated care.

Staff discussed how they worked well together as a team and felt skilled and equipped within their roles. They confirmed staff support and information sharing mechanisms were in place through handovers and team meetings. Staff spoke positively of the management team and felt confident that any concerns raised would be addressed. Overall, the staff team worked well together to ensure the young people got the right care at the right time.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 13 June 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 25 3(f)

Stated: First time

To be completed by:
13 July 2024</td><td>The registered person shall ensure there is evidence available to verify that all agency staff employed in the home have been subject to robust and safe recruitment practices. This evidence should be available to review on inspection.

Ref: 5.2.3</td><td rowspan="2">Carried forward to the next inspection</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Action required to ensure compliance with this regulation was not reviewed as part of this inspection.</td></tr>
</table>

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 7 **Stated:** First time **To be completed by:** 13 September 2024	The registered person shall ensure that arrangements are in place to support the young people to engage in leisure activities and trips. Ref: 5.2.4	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	

5.2 Inspection findings

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

Discussion with staff, the management team, and review of records provided assurance that the young people's health and wellbeing was at the forefront of care planning and delivery.

Young people were supported to participate in a range of activities that could contribute to their physical and emotional health. Opportunities to attend leisure facilities and outings were encouraged to promote physical activity. Staff rotas were planned to support the young people to spend time engaged in activities outside of the home and in the local community.

Young people's nutritional requirements and preferences were respected and prioritised; with young people encouraged to participate in planning menus. This approach supports young people to feel respected, valued and supported to develop independence skills related to their diet and nutrition.

Young people had support from specialist nurses with regards to health assessment and health promotion. Support was available to enable young people to engage with health services and to meet their health care goals. Supporting young people to attend health appointments was prioritised; and advice or treatment plans were implemented within the home.

Assurance was provided by the manager that all staff, including agency and bank staff, were subject to the same expectations in relation to their induction, training and supervision requirements. Training was recorded on an up-to-date matrix and staff were encouraged to take ownership of their own training. This approach was supported by oversight and governance in this area by the management team during supervision with staff. Staff confirmed that professional development pathways were encouraged and available to staff.

Effective staff support mechanisms were in place and included regular supervision, appraisal, team meetings, psychological support, and reflective practice. These mechanisms supported learning and development for the staff team through reflection upon incidents for example and shared learning across the staff team.

Staff support and wellbeing was embedded within the culture of the service. Discussion with staff and the management team provided assurance the health and wellbeing of staff was a key priority. Managers were proactive in relation to staff care, and provided support for challenging situations within the working environment.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the total number of areas for improvement includes one carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 25 3(f) **Stated:** First time **To be completed by:** 13 July 2024	The registered person shall ensure there is evidence available to verify that all agency staff employed in the home have been subject to robust and safe recruitment practices. This evidence should be available to review on inspection.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

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