The Regulation and Quality Improvement Authority

# Children's Home Inspection Report

## IN048219

## 12 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:**<br>Children's Home<br>**Provider Type:**<br>Health and Social Care Trust<br><br>**Located within:** – South Eastern Health and Social Care Trust | **Manager status:**<br>Not registered |
| **Brief description of how the service operates:**<br>The children and young people living in this home have been assessed as having intellectual disability and in need of medium to long term residential care.<br><br>This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).<br><br>Children and young people will be referred to collectively as young people throughout the remainder of this report. | |

## 2.0 Inspection summary

An announced inspection took place on 12 May 2025 between 9.00am and 4.00pm. The inspection was undertaken by a care inspector.

The aim of the inspection was to assess compliance in relation to three Failure to Comply Notices (FTC) issued on 10 March 2025 following an inspection on 14 and 15 January 2025 and 27 February 2025.

The Failure to Comply Notices were issued with respect to ***The Children's Homes Regulations (Northern Ireland) 2005,*** Regulation 9 - Registered person – general requirements, Regulation 24 – Staffing of children's homes and Regulation 16 – Behaviour Management, discipline and restraint, with the date of compliance to be achieved by 11 May 2025. Actions identified within the FTC notices were targeted to ensure that necessary improvements were achieved in relation to leadership and governance, staffing and behaviour management arrangements.

As a result of the findings of this inspection, RQIA determined that whilst some progress in relation to the actions set out in three FTC notices had been made, not all actions had been complied with. Further enforcement action resulted as an outcome of this inspection.

A meeting was convened by RQIA with the provider's representatives on 28 May 2025 to discuss actions progressed and further actions planned to drive the necessary improvements that remained outstanding.

RQIA were assured that the senior management team had taken action since the inspection on 12 May 2025 to strengthen and build their capacity to address the areas of concern identified within the FTC notices, this included increasing senior oversight and introducing additional quality assurance processes. Therefore, RQIA extended the compliance date to 10 June 2025 for the three FTC notices, to allow the provider to achieve full compliance with the regulations.

Due to the focus of this inspection, the areas for improvement identified at a previous inspection were carried forward to be reviewed at the next inspection.

Details of RQIA's enforcement procedures can be found on our web site:
https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

## 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 person in charge at the conclusion of the inspection.

## 4.0 What people told us about the service

The inspector met with young people, staff, the person in charge and senior managers.

Observations of staff interactions with young people indicated that staff were observant and attuned to individual needs. They demonstrated an understanding of each young person's communication needs, and provided appropriate support. Staff were observed discussing and agreeing actions to meet the needs of the young people.

Meaningful direct engagement by the inspector with young people was not possible due to their routines and presentation on the day of inspection.

Staff were noted to respond in a calm and considered manner when they were distressed, adapting their approach in line with the individual needs of the young people.

Staff spoken to offered mixed views regarding whether improvements had been achieved since the previous inspection. Any ongoing concerns raised were shared with the person in charge for appropriate follow-up.

Three staff questionnaire responses were received. Two respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led. One respondent reported they were satisfied that care was safe, compassionate, and well led, and neither satisfied nor dissatisfied regarding the effectiveness of care. Additional feedback provided in the questionnaire responses reflected a perception that the overall functioning of the home had improved in recent months. Respondents noted that the current resident group was smaller, contributing to a more manageable environment and a reduction in significant incidents. Small adaptations to the outdoor area and transport arrangements, were viewed positively. Comments also indicated that staff morale had improved.

No relative/carer questionnaire responses were received.

## 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 27 February 2025</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>Area for improvement 1<br><br>Ref: Regulation 16<br><br>Stated: Second time</td><td>The registered person shall ensure that records should be available and maintained for the administration of PRN medication for the management of behaviour, which provides:<br>- clear thresholds to guide staff when the medication is required<br>- a record of interventions tried prior to giving medication, and<br>- review of outcome/impact of medication on the young person.<br><br>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.</td><td>Carried forward to the next inspection</td></tr>
<tr><td>Area for improvement 2</td><td>The registered person shall ensure that the categories of care referenced in the</td><td></td></tr>
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| | | |
|---|---|---|
| **Ref:** Regulation 4 (6)<br><br>**Stated:** First time | service's registration certificate is aligned with the Statement of Purpose (SoP). To achieve this, the service will need to submit an application to vary the service's registration to remove a category of care, or make the necessary changes to the SoP. This includes ensuring that staff skills, knowledge and training are appropriate to meet the requirements of the registered categories of care. | **Carried forward to the next 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.** | |
| **Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Standard 17<br><br>**Stated:** Second time | The registered person shall ensure that there are appropriate processes and systems in place to ensure that staff have access to effective debriefs following a challenging incident. | **Carried forward to the next inspection** |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** | |
| **Area for improvement 2**<br><br>**Ref:** Standard 22<br><br>**Stated:** First time | The registered person shall ensure that a review is undertaken to ensure staff have access to protective clothing suitable for their role, to prevent risk of harm or injury to themselves or others. Details of this review should be maintained for inspection. | **Carried forward to the next inspection** |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** | |

## 5.2 Inspection findings

### 5.2.1 Review of the FTC notices

**Notice of failure to comply with Regulation 9 of The Children's Homes Regulations (Northern Ireland) 2005**

***Registered person – general requirements***

***9****.— (1) The registered provider and the registered manager shall, having regard to the size of the children's home, its statement of purpose, and the number and needs (including any needs arising from any disability) of the children accommodated there, carry on or manage the home (as the case may be) with care, competence and skill.*

**In relation to this notice the following actions were required by the provider to comply with this regulation:**

1. Review and strengthen the current governance arrangements in this service giving consideration to a level of independence as part of the review. The strengthened arrangements should include mechanisms to ensure that the provider's action plan, and matters outlined in the three Failure to Comply Notices are reported, reviewed and incorporated into relevant Risk Registers and escalated appropriately.

2. Review the current management arrangements in this service with the aim of identifying actions to strengthen them.

3. Review and revise the current monitoring arrangements to include the quality of the monthly monitoring arrangements and ensure they are sufficiently robust to effectively identify and respond to the quality monitoring and governance arrangements in the home.

4. Undertake an exercise to identify the gaps in the current assurance processes and seek ways in which to address them.

5. Implement effective arrangements for incident management and ensure:

    - That all staff are aware of and understand the processes associated with incident management; this includes ensuring incidents are recorded in a timely manner, are thoroughly documented including clear identification of causes and include the actions which have been taken to address any risks
    - That there is an effective system in place for assessing and managing incidents, which is multi-disciplinary in nature and which enables staff to identify patterns and emerging concerns
    - That the information arising from effective incident management supports care planning, risk management and problem solving
    - That the process for incident management includes effective debrief and de-escalation arrangements

6. Ensure an effective system of environmental maintenance is implemented and evidenced through environmental audits and associated actions which demonstrate staff actively ensure the home remains a safe, comfortable and homely setting.

7. Review the homes environment in relation to using spaces effectively to reduce escalation of young people's behaviours. The review should consider how the internal and external areas of the building can be best used to support the aims and objectives of the service and meet the needs of the current resident group.

**Assessment of Compliance**

1. A governance and assurance lead had been appointed with the purpose of bringing independent oversight to the governance arrangements of the home. Their role was to contribute to the review and development of existing structures. However, during this critical period, there was limited capacity within the home's leadership team. As a result, the governance and assurance lead had assumed day to day operational responsibilities of the home, which diverted focus from the intended strategic and governance functions.

   Review of the provider's action plan confirmed that it had not been updated to reflect the specific actions required under the FTC notices. This represented a missed opportunity to ensure that the work being undertaken could be directly tracked against the enforcement action, and that progress could be more robustly monitored. This omission was raised with senior managers during the inspection. A clear commitment was given that the provider's action plan would be reviewed and revised to incorporate the actions specified within the FTC notices.

2. Some steps had been taken to strengthen senior management oversight through the introduction of additional leadership capacity. However, the provider's ability to assess what additional support may be required for the management arrangements in the home had been limited due to reduced availability within the core management team during this key period.

3. There was limited clarity regarding the role of the monthly monitoring officer in relation to the ongoing enforcement action, and there was no observable change in the focus or quality of monthly monitoring activity. Whilst it was reported that a wider review of monthly monitoring arrangements was ongoing it had not yet led to any identifiable changes.

4. As previously noted, the governance and assurance lead had been diverted to operational duties, limiting their intended contribution to strengthen oversight by undertaking a review of gaps in the current assurance process.

5. Progress had been made towards improving incident management, though further work was required to fully embed this. Additional staff training had taken place, with further sessions scheduled. A cohort of staff had been identified and upskilled to enable them to access enhanced reporting functions within the provider's incident management system. The statutory social work senior managers also received training to enable them to have access to the incident reports in a timelier manner.

   All incident records were being reviewed by the governance and assurance lead, who was providing direct feedback to individual staff and specific staff groups where

improvements in language, analysis or documentation was required to reinforce expectations and develop staff competence in incident management.
In addition, the governance and assurance lead was to attend monthly governance meetings with the provider's governance and assurance team across children's services.

These actions were intended to improve the responsiveness to patterns of behaviour presented by the young people, support trend analysis and the identification of emerging concerns, and contribute to proactive planning. Weekly multi-professional huddles were also being used as a forum to review incidents, share learning, and identify collective actions. Examples were provided to demonstrate how these discussions had informed changes to behaviour strategies and staffing arrangements within the home.

However, the process for debriefing following incidents remained underdeveloped. Whilst the person in charge reported they had been engaging with staff in debrief discussions, staff feedback did not consistently reflect this experience. Consideration should be given to developing a clear process for debriefing, improving staff understanding of its purpose, and ensuring appropriate recording and follow up of any actions identified.

6. There was no evidence that environmental audits had been carried out. Whilst, low – level checklists had recently been incorporated into staff handovers, these measures were at an early stage and had not yet led to evident improvements. Observation of the environment, particularly the external areas, indicated that further attention was required to ensure standards were consistently maintained. The current arrangements did not yet reflect a systematic or proactive approach to ensuring the environment remained safe, comfortable and homely.

7. This action had not been progressed. The provider had not yet identified who would lead or undertake the review. Given the needs of the young people, this review is an important step in supporting the provider to determine whether the current environment and use of space continues to meet the aims of the service, the home's existing registration and the needs of the young people.

The improvements necessary to achieve compliance with all the actions outlined in this FTC notice were not achieved.

The outstanding issues outlined above still to be addressed to achieve full compliance with this FTC notice were discussed with the provider's representatives during the meeting on 28 May 2025. The provider's senior management team demonstrated they understood the actions required to address the remaining areas of concern.

**Notice of failure to comply with Regulation 24 of The Children's Homes Regulations (Northern Ireland) 2005**

***Staffing of children's homes***

***24****.— (1) The registered person shall ensure that there is at all times, having regard to –*
*(a)the size of the children's home, the statement of purpose, and the number and needs (including any needs arising from any disability) of the children accommodated there; and*

*(b)the need to safeguard and promote the health and welfare of the children accommodated in the home,*
*a sufficient number of suitably qualified, competent and experienced persons working at the children's home.*
*(2) The registered person shall ensure that the employment of any persons on a temporary basis at the children's home will not prevent children from receiving such continuity of care as is necessary to meet their needs.*

**In relation to this notice the following actions were required by the provider to comply with this regulation:**

1. Notify RQIA of the change to the management arrangements in the home.

2. Ensure that the individual appointed to manage the home in the absence of the registered manager has the necessary knowledge, skills and qualifications to undertake this role effectively.

3. Define the model of staffing required (including skill mix) at the home, which:
   a) is based on the assessed needs of the current resident group
   b) incorporates flexibility to respond to temporary or unplanned variations in young people's assessed needs and/or service requirements
   c) is informed by and consistent with the size of the home and the home's statement of purpose
   d) takes into consideration the outcomes of a robust risk assessment relating to group living
   e) defines the management and leadership structure

4. Implement a time bound plan to progress a robust competency based induction for any staff member who has not received a full induction.

5. Implement a time bound plan to ensure the necessary assessments, for the role of shift co-ordinator, is undertaken with any staff member who is in charge of the home in the absence of the manager.

6. Complete an analysis of staff skills and training needs and provide evidence there is a plan that assures staff will receive the right training and support to meet the needs of the young people. This should include a focus on skills development, particularly in crisis management and behaviour de- escalation techniques, and positive behaviour support.

**Assessment of Compliance**

1. RQIA received notification of changes in management arrangements.

2. The individual appointed to manage the home was assessed as having the necessary knowledge, skills and qualifications to fulfil the role effectively.

3. The action to define a staffing model for the home had not been achieved. However, assurances were provided that a staffing paper was in development and that this would be completed by 30 May 2025.

4. This action remained in progress. A bespoke competency based induction had been developed for staff who had not previously completed a full induction. Whilst, some inductions had commenced, they were not yet completed. Progress had been affected by competing operational demands. This was discussed with senior managers during the inspection and they agreed to give consideration to the support required to achieve the plan developed.

5. The issues impacting the implementation of the shift competency plan reflected those described in the previous action above.

6. A training plan had been developed, however it was primarily focused on compliance with mandatory training requirements. Further action was needed to ensure the plan meets the intent of the action, particularly with regard to analysing staff skills and identifying development needs aligned to the specific behaviours and support needs of the young people. The plan did not yet demonstrate how staff would be equipped through targeted training in crisis management, de-escalation techniques and positive behavioural support.

The improvements necessary to achieve compliance with all the actions outlined in this FTC notice were not achieved.

The outstanding issues outlined above still to be addressed to achieve full compliance with this FTC notice were discussed with the provider's representatives during the meeting on 28 May 2025. The provider's senior management team demonstrated they understood the actions required to address the remaining areas of concern.

**Notice of failure to comply with Regulation 16 of The Children's Homes Regulations (Northern Ireland) 2005**

***Behaviour management, discipline and restraint***

***16**.— (1) No measure of control, restraint, seclusion or discipline, which is contrary to paragraph (3), shall be used at any time on children accommodated in a children's home.*
*(2) The registered manager shall ensure that within 24 hours of the use of any measure of control, restraint or discipline in a children's home, a written record is made in a volume kept for the purpose which shall include –*

*(a) the name of the child concerned;*
*(b) details of the child's behaviour leading to the use of the measure;*
*(c) details of the action taken by staff to prevent the use of the measure;*
*(d) a description of the measure used;*
*(e) the date, time and location of, the use of the measure, and in the case of any form of restraint, the duration of the restraint;*
*(f) the name of the person using the measure, and of any other person present;*
*(g) the effectiveness and any consequences of the use of the measure, including the outcome of any post-incident monitoring with all involved staff and children; and*
*(h) the signature of a person authorised by the registered provider to make the record.*
*(3) Subject to paragraph (4), the following shall not be used as disciplinary measures on children accommodated in a children's home –*
*(d) any seclusion or separation of the child from the group;*
*(4) Nothing in this regulation shall prohibit –*

*(a) the taking of any action immediately necessary to prevent injury to any person or serious damage to property;*

**In relation to this notice the following actions were required by the provider to comply with this regulation:**

1. That seclusion is not used as a planned intervention in response to behaviours which challenge.

2. That behaviour management strategies and any required restrictive practices are evidenced as appropriate, proportionate, and compliant with legislation, current regional and provider policy and Minimum Standards for Children's Homes Version 3 – April 2023.

3. A robust restrictive practice framework is in place that assures young people's rights are protected and promoted. The governance arrangements must evidence the implementation and use of restrictive practices is the least restrictive option; and include robust escalation, analysis and reporting arrangements with respect to restrictive practices.

4. There is evidence that the Multi-Disciplinary Team (MDT) is actively involved and engaged with young people and staff in the home and that staff are supported to implement and adapt behaviour management approaches for individual young people and group dynamics.

**Assessment of Compliance**

1. Discussion with the person in charge confirmed that they understood that seclusion as a planned intervention, in response to behaviours which challenge was not a permissible intervention. They confirmed there was no evidence of the use of this intervention in the care records, although further work was required to enhance staff understanding of restrictive practices.

2. There was no evidence from care plans, positive behaviour strategies, incident reports, handover records, or daily logs sampled to indicate the use of non-permissible strategies or practices. However, as noted above further work was required to strengthen staff understanding of restrictive practices, including their appropriate application and oversight in line with legislation and the provider's policy.

3. The development of a restrictive practice framework was in progress. A steering group had been established by the provider to standardise this work across all the Children's services. In the absence of a completed framework, there was evidence of improved recording of changes to individual restrictive practices. However, the quality and consistency of these records remained limited.

4. There was evidence that this action had been met. Weekly multi-professional huddles had been introduced, which provided a structured forum to review each young person's current presentation, both individually and within the group dynamic. Specific actions were agreed at the meetings for the week ahead. Minutes of the weekly huddles and discussions with the person in charge on the day of inspection confirmed that the meetings were purposeful, relevant and action–oriented. Whilst challenges remained in

managing group dynamics and individual needs, there was evidence of prompt escalation and follow up meetings to emerging risks. The weekly meetings supported more timely and responsive interventions, with multi-professional involvement enabling staff to adapt their approaches flexibly in response to changing behaviours. Sustained progress in this area will require continued consistency, oversight, and time.

The improvements necessary to achieve compliance with all the actions outlined in this FTC notice were not achieved.

The outstanding issues outlined above still to be addressed to achieve full compliance with this FTC notice were discussed with the provider's representatives during the meeting on 28 May 2025. The provider's senior management team demonstrated they understood the actions required to address the remaining areas of concern.

## 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* | 2* |

* the total number of areas for improvement includes two which are carried forward for review during future inspections.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Children's Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 16<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure that records should be available and maintained for the administration of PRN medication for the management of behaviour, which provides:<br>- clear thresholds to guide staff when the medication is required<br>- a record of interventions tried prior to giving medication, and<br>- review of outcome/impact of medication on the young person.<br><br>Ref: 5.1 |

| | |
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| | **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.** |
| **Area for improvement 2**<br><br>**Ref:** Regulation 4 (6)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>15 May 2025 | The registered person shall ensure that the categories of care referenced in the service's registration certificate is aligned with the Statement of Purpose (SoP). To achieve this, the service will need to submit an application to vary the service's registration to remove a category of care, or make the necessary changes to the SoP. This includes ensuring that staff skills, knowledge and training are appropriate to meet the requirements of the registered categories of care.<br>Ref: 5.1 |
| | **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.** |
| **Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 17<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>15 April 2025 | The registered person shall ensure that there are appropriate processes and systems in place to ensure that staff have access to effective debriefs following a challenging incident.<br><br>Ref: 5.1 |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Area for improvement 2**<br><br>**Ref:** Standard 22<br><br>**Stated:** First time<br><br>**To be completed by:**<br>27 May 2025 | The registered person shall ensure that a review is undertaken to ensure staff have access to protective clothing suitable for their role, to prevent risk of harm or injury to themselves or others. Details of this review should be maintained for inspection.<br><br>Ref: 5.1 |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** |

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