The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048390

31 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:** – South Eastern Health and Social Care Trust Area	**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 been assessed as having intellectual needs/ disability and in need of short breaks in residential care. A condition was applied to the registration of the home on 8 August 2024, which limited the operation of the service in accordance with the existing staffing arrangements.

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 31 July 2025 between 9.50 a.m. and 3.45 p.m. The inspection was conducted by two care inspectors.

The inspection assessed progress with all areas for improvement identified during the previous care and pharmacy inspections 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 medicines management was assessed as met, whilst two were not met and were stated for a second time. Areas for improvement relating to care plans and the electric shower were also stated for a second time.

In addition, six new areas for improvement were identified, with regards to the service's Statement of Purpose (SOP), restrictive practice, staff induction, staff training, shift coordinator competency assessment, and the fire risk assessment.

Enforcement action also commenced as a result of this inspection. Enforcement action aims to ensure compliance with regulations and minimum standards; to effect improvements; and to

afford protection to children and young people. RQIA met with the provider's representatives on 20 August 2025 to discuss serious concerns with respect to The Children's Homes Regulations (Northern Ireland) 2005, with respect to; the SOP, staffing arrangements, restrictive practices, the premises, fire safety and visits by the registered provider.

At the Serious Concerns meeting, the provider's representatives gave an overview of the actions outlined in the action plan submitted to RQIA prior to the meeting, to drive improvement in this service. The action plan intended to secure stability with respect to staffing and leadership arrangements; embed robust governance and assurance mechanisms with the aim to promote the delivery of safe, quality care; and scale and spread learning from other residential services operating in the Trust area.

Having considered the information provided, RQIA determined that sufficient remedial action had not been taken, since the inspection on 31 July 2025, to provide assurance regarding the arrangements in place to support the current model of care. RQIA were not assured that the more immediate concerns regarding staffing and leadership, governance and quality assurance, and the environment, had been sufficiently addressed and any associated risks mitigated against. In addition, despite the provider's acknowledgement of the concerns on inspection, the service continued to operate outside of the condition on registration, providing short breaks in excess of the number of permitted days per week.

RQIA identified weaknesses in the provider's action plan with respect to ensuring the plan was aligned to the level of risk and pace of change, which was required. This was discussed with the provider during the meeting on 20 August 2025. RQIA agreed to provide a further opportunity for the provider to review and amend the action plan following consideration of RQIA's feedback.

A revised action plan was submitted to RQIA on 1 September 2025 and a further meeting was convened with the provider on 18 September 2025: following escalation to the senior management team that RQIA remained concerned regarding the lack of progress against key actions, which, if not progressed, could affect safety and quality of service.

The outcome of this meeting confirmed that the provider remained in breach of its registration and continued to operate outside the conditions of its registration. The provider was required to submit additional assurances to RQIA, evidencing that the necessary steps had been taken to ensure the safety of the young people, address outstanding concerns and return the service to full compliance with its registration. This process was ongoing at the time of writing this report.

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.

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, the manager and a senior manager on the day of inspection.

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. Observations of staff interactions demonstrated a compassionate and attentive approach, with evidence that staff understood how to respond to the young people's individual needs. They guided young people appropriately, promoted choice, and worked with young people to help them problem solve.

Staff and the manager described their practice as individualised and child focused, and reflected a commitment to meeting the needs of the young people availing of short breaks, whilst ensuring they had a fun and positive experience. They emphasised the importance of gathering and sharing up to date information with parents and schools, and maintaining open communication to ensure consistency of care, and support the safety and wellbeing of the young people.

Inspectors noted that, whilst staff acknowledged challenges with the environment in meeting the needs of some young people and the impact of recent management instability, they described a recently formed team that was supportive and worked collaboratively, with a shared aim of providing high quality short breaks.

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 care inspection on 25 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:** Standard 2 **Stated:** First time	The registered provider shall ensure that young people's care plans are reviewed and improved to ensure young people's agreed behaviour support strategies, and any restrictive practices in use are aligned to young people's needs within the current environment.	**Partially Met**
	Action taken as confirmed during the inspection: The service had recently commenced a review of young people's care plans. However, due to limited staffing capacity, sufficient progress has not been made. This area for improvement was partially met and was stated for a second time.	
Area for improvement 2 **Ref:** Standard 11 **Stated:** First time	The registered provider shall ensure that the electric shower provided is suitably thermostatically controlled. It is essential that the temperature settings on the shower allow for a safe maximum temperature (44^0c) to be set and maintained in accordance with current best practice guidance (HSG220 & HSIS6 issued by Health & Safety Executive – https://www.hse.gov.uk/pubns/hsis6.pdf).	**Not Met**
	Action taken as confirmed during the inspection: A review of the electric shower in situ by the RQIA Estates Inspector confirmed that a suitably thermostatically controlled shower was not in place. This area for improvement was not met and was stated for a second time.	
Area for improvement 3 **Ref:** Appendix 1, Standard 2	The registered person shall ensure that personal medication records are checked and signed by two trained members of staff to verify that they are accurate.	**Not met**

Stated: First time	**Action taken as confirmed during the inspection**: Records did not evidence that this process was completed consistently. This area for improvement was not met and is stated for a second time.	

Area for improvement 4 **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 as per 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 5 **Ref:** Appendix 1, Standard 3 **Stated:** First time	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily when in use and that appropriate action is taken if the temperature recorded is outside the recommended range of 2ºC-8ºC.	**Not met**
	Action taken as confirmed during the inspection: Records evidenced that maximum and minimum refrigerator temperatures were not consistently recorded as required. This area for improvement was not met and is stated for a second time.	

5.2 Inspection findings

5.2.1 How does the service ensure young people are getting the right care at the right time?

The model of care and service delivery had significantly evolved since the service was first registered, with the service now supporting young people with increased complexity of need. In addition, the provider had recently taken steps to increase the number of short breaks provided

by this service. This departure from the original statement of purpose, in the absence of a request to RQIA to vary or remove the current condition on the registration of the service, had resulted in a breach of The Children's Homes Regulations (Northern Ireland) 2005, Regulation 4.

The SoP for this service required review to ensure it clearly described the aims and objectives of the short break provision, demonstrated how they align with the assessed needs of young people accessing the service, and how any environmental limitations would be mitigated.

At the Serious Concerns meeting on 20 August 2025, RQIA determined that the provider must take action to achieve compliance with the home's registration. This included either taking immediate steps to bring the operation of the home in line with the existing condition or submitting a formal request to have the condition removed, supported by the necessary evidence. RQIA also sought assurance that the provider would urgently review the risk assessment process to ensure that risks associated with meeting the needs of the young people availing of short breaks in the current setting were appropriately identified, assessed, and managed.

An application to vary the registration of the home was submitted to RQIA on 4 September 2025. RQIA met with the provider's senior management team on 18 September 2025 to discuss further actions required to support RQIA's assessment of the application. This process remains ongoing.

As outlined in Section 4.0, a review of the young people's care plans had been commenced, however review of records and discussions with staff did not provide assurance that a robust framework was in place to govern the use of restrictive practices. Whilst some restrictive interventions were documented within young people's care plans, there was no clear evidence they had been agreed with relevant stakeholders, assessed as the least restrictive option, or subject to ongoing review. The absence of these safeguards indicated a lack of effective oversight to ensure restrictive practices were necessary, proportionate and rights-based.

RQIA were concerned that this shortfall had the potential to undermine the protection of young people's rights and may adversely affect their safety and wellbeing. An area for improvement was identified with regards to the need for a robust restrictive practice framework to be established and effectively implemented to ensure oversight and consistency in practice.

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

Effective staff arrangements are fundamental to safeguarding and promoting the welfare of young people, and rely on the deployment of consistent, suitably training, and competent staff.

Concerns were identified regarding the staffing arrangements in the service, including a shortage of core staff and reliance on bank and redeployed staff to maintain safe staffing levels. The service was unable to evidence that staff had a completed a robust induction, shift coordinators were competent to undertake the role and staff had received the required training. Without assurance that staff are competent, there is a risk that young people may not receive safe, consistent, and effective care, which could lead to harm or unmet care needs.

These matters were discussed with the provider's senior management team at the meeting on 20 August 2025. Whilst RQIA acknowledged the significant efforts taken by the provider to

progress recruitment against the intended staffing model for this service, and the commitment to deliver short breaks to families in the Trust area. RQIA were not assured that the provider had a robust assessment of the current staffing model, in relation to the status of staff induction, competence and training, to ensure its capacity to deliver safe, consistent and effective care.

A revised action plan was subsequently submitted by the provider; however, the timescales set by the provider for completing actions intended to provide assurance that skilled and competent staff were available in the service were not sufficient. This was escalated to the provider's senior manager and discussed further with the provider's senior management team at a meeting on 18 September 2025. At this meeting, RQIA received assurances that the processes for oversight, escalation, and risk management of the service's staffing arrangements had been strengthened to ensure a proactive and responsive approach to ensure that safe and consistent care is maintained for the young people.

Areas for improvement were identified in relation to staff induction, shift coordinator competency assessment, and staff training within the Quality Improvement Plan, to further drive improvement and ensure these areas are effectively addressed and embedded.

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

The premises showed significant signs of wear and damage that required immediate improvement to ensure a safe and comfortable environment for young people. Although the home was generally clean, some areas required more thorough attention.

Inspectors observed visible damage in parts of the home, including peeled paintwork and broken radiator covers. Whilst it was recognised that the environment must remain adaptable for a short break service, the environment was sparsely furnished, which limited the comfort of the space and its ability to support a welcoming environment. The absence of adequate storage further restricted the functionality and organisation of the living spaces.

In addition, an area for improvement, previously identified with respect to showering facilities had not been addressed and was restated for a second time. A review of the electric shower in situ by the RQIA Estates Inspector confirmed that a suitably thermostatically controlled shower was not in place. During the meeting with the provider's senior management team on 18 September 2025, RQIA received assurance that a risk assessment for potential scalding and burns risks associated with the electric shower had been completed, pending the installation of the new shower.

There was no documented assessment to guide staff on how best to support the young people within the environment. As referenced in Section 5.2.1, the potential limitations of the environment in meeting the specific needs of young people with complex needs should be considered to ensure safety, suitability, and the promotion of positive outcomes.

The fire risk assessment provided to inspectors had not been completed by an accredited fire assessor. As a result, RQIA are not assured that the premises have been subject to an appropriate and competent assessment of fire safety, that the level of risk has been assessed as tolerable, and that any required actions have been identified and addressed. An area for improved with regards the fire risk assessment was identified.

A review of the provider's initial action plan during the meeting on 20 August 2025, did not provide assurance that potential environmental and fire safety issues had been addressed with the required urgency. The provider was subsequently advised to address these concerns without delay, and during a follow up meeting with the provider's senior management team on 18 September 2025, RQIA received assurances actions were being taken to address the matters outlined, and that RQIA would be kept informed as these actions progressed.

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

There have been four acting manager arrangements in place in this service since 7 January 2025. This ongoing instability in leadership has had a direct impact on the development and implementation of effective internal governance systems to monitor, audit, and review the quality of care planning, risk management, and record keeping. Furthermore, inspectors could not be assured that risk was being assessed and managed appropriately, as there was no ongoing risk assessment framework in place.

Reports on monthly visits by the registered provider which identified issues relating to leadership, staffing, and the environment had not effectively driven improvement or addressed the deficits identified. The lack of effective response, implementation and monitoring of actions on these issues identified through the visits raised concerns about the robustness of the provider's quality assurance and governance arrangements.

These concerns were discussed with the provider's senior management team during the meeting on 20 August 2025, who confirmed that the issues identified during the inspection were symptomatic of the continued instability in this service with respect to management and leadership. The provider's senior management team also acknowledged that monthly monitoring arrangements required improvement. A steering group had been established to review these arrangements across multiple services, with interim actions identified to monitor effectiveness, identify gaps, and ensure ongoing oversight.

RQIA noted that the individual appointed to manage the service on an interim basis demonstrated knowledge and commitment in addressing the concerns identified during the inspection. However, concerns remained regarding the scale of the improvements required, and the senior management's team capacity to implement the changes needed whilst also seeking to simultaneously increase the level of service provision. In addition, RQIA were not assured that risks identified in this service were subject to effective governance processes to ensure that risks and associated impact upon safety and quality of care were escalated to the senior management team and/or associated risk registers as appropriate.

A revised action plan submitted by the provider on 1 September 2025 outlined additional support for the manager, with identified senior managers providing ongoing input to implement and embed the required governance and improvements. Furthermore, the senior management team confirmed the concerns identified during the inspection would be escalated within the provider's integrated risk management assurance processes and incorporated into the provider's directorate risk register. This action aimed to ensure appropriate scrutiny, prioritisation of actions, and monitoring of progress at a senior governance level.

Discussions with the provider's senior management team at a subsequent meeting on 18 September 2025, confirmed that recruitment for a permanent manager was at an advanced

stage, which is expected to strengthen leadership stability, supporting staff and senior management in embedding and sustaining improvement plans and long-term service development.

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	4	6*

* The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and senior manager 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 **Ref:** Regulation 4 **Stated:** First time **To be completed by:** 25 September 2025	The registered person shall ensure that the Statement of Purpose is updated to clearly describe the aims and objectives of the service, aligned to the needs of the young people it is intended to support. This should include a clear description of the admissions criteria and the pre-admission assessment process to ensure the service can appropriately meet each young person's needs. Ref: 5.2.1
	Response by registered person detailing the actions taken: The statement of purpose for the facility has been reviewed and updated by the HOS and issued to the Assistant Director for approval and forwarded to RQIA for review.
Area for improvement 2 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure that for all restrictive practices is place there is a clear record that reflects who has been involved in determining and agreeing the need for the restriction, that the least restrictive option is being used and the timescales within which the restriction will be reviewed.

To be completed by: 25 September 2025	Ref: 5.2.1
	Response by registered person detailing the actions taken: Restrictive practices when deemed appropriate and necessary to meet the needs of the child / young person are agreed at MDT outside of LAC processes where a LAC is not scheduled to take place. These are regularly reviewed at designated LAC meetings where a record is maintained of what decisions were made, who was involved in the decision making and timeline for review, again at an MDT level. Restrictive Practices are recorded in each young person's Care Plan.
Area for improvement 3 **Ref:** Regulation 24 (1) and (2) **Stated:** First time **To be completed by:** 25 September 2025	The registered person shall ensure that all new staff complete a robust induction process and that induction records are available for inspection. Induction records should evidence that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people availing of the service. Ref: 5.2.2
	Response by registered person detailing the actions taken: The manager has a record of all inductions to date and is in the process of transitioning these onto induction records for signing off. These records will be available for review for inspection. Competency assessments for Shift Coordinators have been started and will be progressed over a period of time to assure development of competency, capability and confidence to meet the needs of the young people availing of the service as the staff member undergoes induction.
Area for improvement 4 **Ref:** Regulation 31 **Stated:** First time **To be completed by:**	The registered person shall have in place a current fire risk assessment and fire management plan, completed by a competent fire risk assessor, which is revised and actioned as necessary or whenever the fire risk has changed. Ref: 5.2.3

28 August 2025	**Response by registered person detailing the actions taken**: The Facility Fire Risk Assessment has been completed by a competent risk assessor with all areas of concern actioned. The updated Fire Risk Assessment was forwarded to RQIA on 4th November 2025.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 2 **Stated:** Second time **To be completed by:** 25 September 2025	The registered provider shall ensure that young people's care plans are reviewed and improved to ensure young people's agreed behaviour support strategies, and any restrictive practices in use are aligned to young people's needs within the current environment. Ref: 5.1
	Response by registered person detailing the actions taken: The registered manager has assured that the review of all care plans for young people using the service is in progress and were appropriate and any agreed restrictive practices are recorded and aligned to the young people's needs within the current environment.
Area for improvement 2 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** 28 August 2025	The registered provider shall ensure that the electric shower provided is suitably thermostatically controlled. It is essential that the temperature settings on the shower allow for a safe maximum temperature (44^0c) to be set and maintained in accordance with current best practice guidance (HSG220 & HSIS6 issued by Health & Safety Executive – https://www.hse.gov.uk/pubns/hsis6.pdf). Ref: 5.1
	Response by registered person detailing the actions taken: The Shower in the facility has been reviewed by the facility landlord's estates department and the temperature has been thermostatically set at source to avoid the water temperature overheating. As such the temperature cannot be adjusted by young people or staff in the facility.

Area for improvement 3 **Ref:** Appendix 1, Standard 2 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that personal medication records are checked and signed by two trained members of staff to verify that they are accurate. Ref: 5.1
	Response by registered person detailing the actions taken: The registered manager has ensured that the facility is now utilising the most recent (CEC) performs in relation to medication administration and that records are signed by two trained members of staff. These have been updated by the HOS as per direction from RQIA Pharmacy
Area for improvement 4 **Ref:** Appendix 1, Standard 3 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily when in use and that appropriate action is taken if the temperature recorded is outside the recommended range of 2°C - 8°C. Ref: 5.1
	Response by registered person detailing the actions taken: The registered manager has assured that the medicine refrigerator temperatures are now being recorded regularly and that staff are aware of actions required if the temperature recorded is outside the recommended range.
Area for improvement 5 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 25 September 2025	The registered person shall ensure that shift coordinators are assessed as being suitably qualified, competent, and sufficiently experienced and supported to manage this responsibility. Ref: 5.2.2
	Response by registered person detailing the actions taken: Competency assessments for Shift Coordinators have been started and will be progressed over a period of time to assure development of competency, capability and confidence to meet the needs of the young people availing of the service as the staff member undergoes induction. The PSW has provided the registered manager with the appropriate perform to record the same.

Area for improvement 6 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 25 September 2025	The registered person shall review and strengthen governance arrangements to ensure effective monitoring of staff compliance with training requirements, in line with the relevant legislation, the Minimum Standards for Children's Homes (2023), and the needs of the young people. This should include the development of a training matrix to identify any gaps, support monitoring, and ensure appropriate mitigating actions are implemented where gaps are noted. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered person has put in place arrangements to strengthen the governance in the facility. An audit schedule has been initiated by the PSW to review the facility governance records. The Governance lead for the service will provide audits and analytical feedback to the service in relation to the governance processes, their effectiveness in meeting the needs of the service minimum standards and the young people using the service. A training Matrix is now in place and is being populated by the manager.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews