The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048362

5 June 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:** – Western Health and Social Care Trust	**Manager status:** 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.	

2.0 Inspection summary

An unannounced inspection took place on 6 June 2025 between 10.45 a.m. and 4.45 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 two areas for improvement were assessed as met, in relation to the governance and quality of care records. One area for improvement was not met, in relation to the governance of restrictive practices. One new area for improvement was identified in relation to staff training.

The inspection identified concerns in relation to deficits in staff training across a number of key areas. RQIA invited the provider's representatives to an Enhanced Feedback Meeting on 30 June 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 section 5.2.2.

The findings of this report will provide the manager with the necessary information to improve staff practice and young people's experience.

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 at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff on the day of inspection.

Young people were positive as regards their relationships with staff and opportunities available to them to take part in activities. Young people reported they could raise issues with staff, concerns would be listened to and appropriate follow up actions taken.

Staff provided a positive view regarding the support available from the management team, who were described as approachable. Staff reported that the care provided to young people was person centred and described good relationships between staff and young people. Morale was high amongst the staff team, and they reported an open culture which prioritised learning from incidents.

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?

Quality Improvement Plan

Action required to ensure compliance with The Children's Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that restrictive practice is: - only implemented on the basis of an assessed need or risk related to the individual young person for the shortest time period - the least restrictive option when used and provide evidence all other options were exhausted - agreed with the multi-disciplinary team, the young person and/or their representative, - subject to review which will involve review of its effectiveness/ outcomes and the impact on the young person.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed in further detail in section 5.2.3.	
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 16 **Stated:** First time	The registered person shall improve existing quality assurance mechanisms in relation to care planning and risk management documentation; an action plan and regular review process should be developed which addresses any deficits or concerns regarding quality and inconsistency of recording.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 2 **Ref:** Standard 16 **Stated:** First time	The registered person shall review the current arrangements in place to evidence/capture advice and guidance from the multidisciplinary team within young people's care records; to inform and direct care planning and support continuity and consistency of specialist support upon admission, during placement and on transition.	**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 daily logs identified that the quality of recording was of a good standard, and the detail reflected the young people's lived experience. These records, along with feedback from staff and young people, provided assurance that the staff team were committed to engaging with the young people in a therapeutic manner. 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. There was also evidence that key work sessions and therapeutic conversations were completed with young people, which were purposeful and directed towards the young person's specific needs and goals.

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

Meeting records provided assurance that young people and 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.

Incident records evidenced that staff were responsive to immediate risks with robust action, reporting and recording by staff in response to challenging incidents.

The home was nicely decorated and presented as a comfortable, homely space for young people to live; with soft furnishings being utilised to create a welcoming environment. Young people reported that their bedrooms were decorated in line with their wishes and feelings and that they were happy with the quality of the environment. A well maintained and welcoming outdoor space was also available to the young people.

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

As outlined in section 2.0 the inspection identified concerns in relation to deficits in staff training across a number of key areas; including First Aid training; Food Safety training; Fire Safety training; Fire Warden Training; Deprivation of Liberty Safeguards (DoLS) training; Control of Substances Hazardous to Health (COSHH) training; and, Child Sexual Exploitation (CSE) training. Mandatory and child specific training is essential for ensuring staff are equipped with the required skills and knowledge to meet the needs of the young people and ensure safe care can be provided within the home. RQIA were also not assured that there were robust governance arrangements in place to monitor and review compliance with staff training.

As a result, RQIA invited the provider's representatives to an Enhanced Feedback Meeting on 30 June 2025 to address the concerns identified; and received the necessary assurances that senior management were cited on the concerns and had a robust plan in place to drive improvement with respect to staff training. At this meeting, the provider's representatives provided an account of the actions they had taken and planned; which centred upon improving staff's compliance with mandatory training and strengthening internal and external governance mechanisms. An area for improvement was identified in relation to staff training.

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 the management team confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people. Discussion with young people and staff identified that there were positive and therapeutic relationships between staff and young people in the home.

Evidence was available to confirm that staff employed within the home were subject to safe and robust recruitment practices consistent with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. This is an essential mechanism that supports managers to ensure safe staffing arrangements and safe care for young people within the home.

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

Records confirmed that there were robust arrangements in place to ensure senior management had appropriate oversight of the quality of care within the home and could provide feedback and guidance to the staff team.

Team meetings occurred on a regular basis; they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people. 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.

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 some restrictions which were being implemented within the home were not supported by a robust framework of recording, which evidenced decision making and review. This area for improvement was therefore not met and was stated for a second time.

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	1*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 16 **Stated:** Second time **To be completed by:** 14 August 2025	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that restrictive practice is: - only implemented on the basis of an assessed need or risk related to the individual young person for the shortest time period - the least restrictive option when used and provide evidence all other options were exhausted - agreed with the multi-disciplinary team, the young person and/or their representative, - subject to review which will involve review of its effectiveness/ outcomes and the impact on the young person. Ref: 5.2.3.

	Response by registered person detailing the actions taken: All restrictive practice assessments have been reviewed and the proforma for this assessments now highlights what court orders any restrictions are managed under i.e. Deprivation of liberty safeguards and/or Article 50 Care orders. All restrictive practices are reviewed through MDT twice yearly to assess the appropriateness of these restrictions at a minimum; this can be reviewed though the MDT sooner if required. The Children's Looked After Review proforma has been adapted to include a section to highlight any restrictive practices that are being used in the home, so that the wider team around the child can discuss these practices and to agree and/or amend in a statutory forum. The restrictive practice decision making record has been amended to include a section that enables team members to consider what other restrictions could be used and why there was they were not implemented. Additional training will be provided for the staff team though team meeting in relation to restrictive practice to support staff dynamic risk assessment in relation to the implementation of restrictive practice.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 17.10 **Stated:** First time **To be completed by:** 14 August 2025	The responsible person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people. Ref: 2.0 and 5.2.2. **Response by registered person detailing the actions taken:** All Staff were incentivised to complete all mandatory training and as of the 11th July all staff training is up to date. A new training matrix was built and is held at sharepoint on line which details the date of completion and when training is next due. The Matrix has an automated count down which is colour coded. When training is due the matrix will flag this in red when training is due within 90 days. The Matrix is checked monthly and email reminders are sent to staff stating the training that is required to be updated and timeframe given for same.

Please ensure this document is completed in full and returned via the Web Portal





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