The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048373

10 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:** Health and Social Care Trust **Located within:** – South Eastern Health and Social Care Trust	**Manager status:** Not registered
Brief description of how the service operates: 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. This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023). 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 10 June 2025 between 9.35am and 3.30pm. The inspection was undertaken by a care inspector.

Three Failure to Comply Notices (FTC) were issued on 10 March 2025 following concerns identified by RQIA during an inspection on 14 and 15 January 2025 and 27 February 2025.

The FTC 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.

An inspection conducted on 12 May 2025 to assess compliance with the three FTC Notices found that whilst some progress required to comply with the actions set out in the notices was made, not all actions had been complied with. As a result, the date by which compliance, with the actions outlined in the FTC Notices, must be achieved, was extended to 10 June 2025.

The aim of this inspection was to assess compliance in relation to a number of actions that remained outstanding. Whilst the inspection evidenced significant progress had been made to address the necessary improvements and achieve compliance with the regulations, several

actions had not yet been achieved. These related to the staffing model, a restrictive practice framework, leadership and management arrangements, incident debrief processes, and review of the home's environment.

A meeting was convened by RQIA with the provider's senior management team on 26 June 2025 to discuss the findings of this inspection; including the remaining improvements required to achieve full compliance with the actions from the FTC notices.

The provider's representatives acknowledged that whilst they had made significant progress; further improvements were required. The necessary improvements were recorded in the provider's updated action plan, thus demonstrating they had a robust plan which provided assurance they now have the capacity to achieve the remaining actions in the FTC Notices. RQIA were assured that the provider had taken meaningful steps to build capacity within the system to support and sustain the necessary improvements. Therefore, the outstanding actions from the FTC Notices were transferred into the home's Quality Improvement Plan (QIP).

In addition, RQIA requested that monthly reports on the conduct of the home, submitted to RQIA, in accordance with Regulation 32 (5) (a) of The Children's Home Regulations (Northern Ireland) 2005, report upon the effectiveness of the provider's action plan and/or any barriers to driving improvement.

RQIA also placed a condition on the registration of the home. The condition prevents further admissions to the service until RQIA has determined that the actions in the three FTC Notices have been compiled with. This provides an additional safeguard, ensuring that risks associated with the previously identified deficits are effectively mitigated whilst the provider continues to work towards achieving and sustaining full compliance with the FTC Notices.

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.

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 the providers senior management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector observed the young people and their interactions with staff, and met with staff, the manager, and a senior manager during the inspection.

Young people were observed moving freely around the home and were supported by staff to engage in activities. Staff were heard providing support to young people during episodes of dysregulation, using calm, consistent interventions supported by established trusting relationships.

Staff described a more settled and stable environment compared to previous inspections, noting they felt supported and able to focus on progressing future goals for the young people. They highlighted the positive impact of a reduced number of young people living in the home, particularly in relation to increased availability of space, a calmer sensory environment, and the ability to manage shifts with fewer staff.

The manager was described as approachable and experienced, and improved communication with the multi-professional team was viewed as contributing to better outcomes for the young people. Staff presented as motivated and reported a marked improvement in team morale since the beginning of the year.

No young people, staff or 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?

Areas for improvement from the last inspection on 12 May 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 16 **Stated:** Second time	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: - clear thresholds to guide staff when the medication is required	**Carried forward to the next inspection**

	- a record of interventions tried prior to giving medication, and - review of outcome/impact of medication on the young person.	
	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 **Ref:** Regulation 4 (6) **Stated:** First time	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.	**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 **Ref:** Standard 17 **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 **Ref:** Standard 22 **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 outstanding actions from 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. Since the inspection on 12 May 2025 an independent audit of the governance arrangements for the service had been undertaken. The provider had identified an individual responsible for progressing their action plan, which was now aligned to the actions set out in the FTC Notices. A structured review process had been implemented that included mechanisms to monitor compliance, track progress, and evaluate the impact of the improvements on the delivery of safe, effective, and compassionate care to the young people. In addition, mechanisms were in place for information to be shared through governance systems at multiple levels, including weekly multi-professional meetings, monthly governance, assurance, and improvement meetings and senior management meetings. This approach supported the sharing of learning, escalation of concerns or emerging issues, and the implementation of follow-up actions as appropriate.

2. Whilst temporary management arrangements had been implemented, the provider had not yet identified a clear plan for the long term management structure or outlined how the service's leadership team would be supported to prevent a recurrence of previous concerns related to leadership capacity and effective oversight. Given the need to sustain improvements and ensure that management and leadership arrangements are adequately supported and resourced, this remains an area requiring further focus and targeted action. This outstanding action from the FTC Notice has been transferred into the service's Quality Improvement Plan (QIP).

3. The provider had taken steps to strengthen the monitoring arrangements. A steering group had been established to oversee the review of monthly monitoring processes across the provider's residential children's services. In the interim, the provider undertook a review and analysis of the monthly monitoring arrangements specific to this service, and a monthly governance audit had been implemented. A senior manager had been identified to maintain oversight of the monitoring process, to ensure any necessary actions were progressed. Improved connectivity between the monitoring officer, the service and senior management team was reported, supporting a more responsive and integrated approach to quality monitoring and governance.

4. Compliance achieved as noted above.

5. The previous inspection identified significant improvements in incident management arrangements, and findings from this inspection confirmed that these improvements were continuing to be embedded. However, further work was required to embed robust incident debrief processes in the service which is to be supported by further training, role modelling, and clear documentation before its impact on staff practice and wellbeing can be fully assessed. This outstanding action from the FTC Notice regarding staff debrief and de-escalation arrangements has been subsumed into an area for improvement previously stated in the QIP.

6. An environmental monthly audit process had been implemented to support the ongoing maintenance of the home. Significant improvements to the home environment were observed during the inspection, supporting progress towards ensuring a safe, comfortable, and homely setting.

7. This action had not been progressed. The provider had not yet identified who would lead or undertake the review. This remains a necessary action to ensure the environment contributes to the stability, safety, and overall wellbeing of the young people and can support the aims and objectives of the service and meet the needs of the current resident group. This outstanding action from the FTC Notice has been transferred into the service's Quality Improvement Plan (QIP).

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. Compliance with Point 1 was assessed as achieved during the inspection on 12 May 2025.

2. Compliance with Point 2 was assessed as achieved during the inspection on 12 May 2025.

3. A paper outlining an options appraisal had been developed to inform a defined staffing model, however a finalised and ratified position had not yet been confirmed. Furthermore, the paper did not include a defined management and leadership structure, and the required skill mix remained unresolved. It was positive to note that a weekly Risks, Needs Decision (RND) making tool had been introduced, which was being discussed at the weekly multi-professional huddles. This tool drew on incident analysis from the previous week and was being used to support the planning of staffing ratios for the week ahead, with the intention of anticipating and reducing risks and ensuring appropriate staffing levels are in place. This outstanding action from the FTC Notice has been transferred into the service's Quality Improvement Plan (QIP).

4. Compliance with Point 4 was assessed as achieved during the inspection on 12 May 2025.

5. Compliance with Point 5 was assessed as achieved during the inspection on 12 May 2025.

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. Discussions with the manager, senior manager, and staff confirmed that seclusion was not used as a planned intervention in response to behaviours which challenge. There was evidence of increased assurance and governance processes for the oversight and review of incidents, which would identify and escalate if any such practices were to be

used. Timely review of incidents, along with weekly incident analysis, and weekly multi-professional huddles, was supporting effective oversight. In addition, staff engagement through the dissemination of learning lines and focused discussions in team meetings regarding restrictive practices was strengthening staff understanding of what was appropriate, proportionate, and complaint with legislation in the use of behaviour support strategies.

2. A review of the young people's care plans and positive behaviour support strategies identified no non-permissible interventions. Discussions on restrictive practices during weekly multi-professional huddles were informing practice, with learning from these sessions being integrated into care plans. This demonstrated that behaviour support strategies remained under continuous review, ensuring staff interventions were appropriate and responsive to the individual needs of the young people.

3. Work was ongoing to develop a robust restrictive practice framework, with a draft anticipated by August 2025. As a result, RQIA had not yet been able to assess how the proposed framework would promote the safety and wellbeing of the young people and uphold their rights. Consequently, it was not yet possible to evaluate the effectiveness of its practical application in guiding staff practice and supporting accountable, rights based decision making in relation to restrictive interventions. This outstanding action from the FTC Notice has been transferred into the service's Quality Improvement Plan (QIP).

4. Compliance with Point 4 was assessed as achieved during the inspection on 12 May 2025.

In addition to the three FTC Notices issued on 10 March 2025, RQIA determined that additional measures were necessary to support the service whilst efforts were ongoing to implement the provider's action plan and address the actions in the FTC Notices. As a result, RQIA issued a Notice of Proposal on 10 April 2025 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the Order), to impose a condition on the registration of the service. This condition prevented further admissions to the service until RQIA has determined that the actions in the three FTC Notices have been compiled with. In line with Article 20 of the Order the decisions indicated in the notice have since taken effect.

Preventing further admissions is intended to support the service to stabilise and allow the time and capacity needed for the provider's staff to implement and embed the necessary improvements, which should in turn improve the safety and wellbeing of the young people living in the home.

In addition, RQIA requested that monthly reports on the conduct of the home, submitted to RQIA, in accordance with Regulation 32 (5) (a) of The Children's Home Regulations (Northern Ireland) 2005, report upon the effectiveness of the provider's action plan and/or any barriers to driving improvement.

Continued and embedded improvement in this service will be monitored by RQIA through future inspection activity and via review of monitoring reports submitted to RQIA by the provider.

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	6*	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 the manager and the provider's senior management team 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:** 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: - clear thresholds to guide staff when the medication is required - a record of interventions tried prior to giving medication, and - review of outcome/impact of medication on the young person. 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.
Area for improvement 2 **Ref:** Regulation 4 (6) **Stated:** First time **To be completed by:** 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. 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.

Area for improvement 3 **Ref:** Regulation 9 **Stated:** First time **To be completed by:** 10 September 2025	The registered person shall ensure that a review of the current management arrangements in this service is undertaken with the aim of identifying actions to strengthen them. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person will review the management arrangements in the home to identify areas of improvement can be achieved with enhanced training. Governance lead is strengthening systems and processes in the home to ensure a robustness in recording, reporting and escalating is achieved.
Area for improvement 4 **Ref:** Regulation 9 **Stated:** First time **To be completed by:** 10 October 2025	The registered person shall ensure that a review of the home's environment is undertaken 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. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person is currently working with staff and young people to identify improvements in the home which will reduce behaviours. The registered person is liaising with an OT to identify sensory items to be purchase for indoor and outdoor breakout spaces to promote up-regulation and down regulation as required for young people. Environmental risk assessments for areas of the home to identify possible risks and mitigations against them.
Area for improvement 5 **Ref:** Regulation 24 **Stated:** First time **To be completed by:** 10 October 2025	The registered person shall 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 Ref: 5.2.1

	Response by registered person detailing the actions taken: Staffing analysis has been completed by independent senior social worker from the learning and improvement team. This is to be considered along-side the management of change process which was previously undertaken. RND reports are generated for weekly huddles to identify the risks and staffing deficits at an early stage and is responsive to the current residents in the home. Staffing levels can be flexed up as and when required as pool of bank staff having fully completed induction has increased. Ongoing work with Governance lead, HOS for Governance and HOS for CWD residential services to adapt a process for admissions, this is to take into account the specific needs of a child and the impact on group to reduce the risk of harm on admission. The management and leadership structure will be refined when management return from sick leave to ensure a robust escalation process and clear oversight to give assurances that risks are being managed appropriately.
Area for improvement 6 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 10 September 2025	The registered person shall ensure that 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. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person is currently working with other key stakeholders from childrens services to develop a restrictive practice policy to take into account the work being completed on this at a regional level. Current governance arrangements in the home are being streamlined to ensure that any restrictions that are imposed takes into account the complex needs of the children in the home and are subject to MDT scrutiny. Young peoples care plans will identify restrictions in place and where possible show a phased approach to reducing restrictions for the young person. This will ensure that the right of the young person are upheld throughout.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	

Area for improvement 1 **Ref:** Standard 17 **Stated:** Second time **To be completed by:** 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. 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 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 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. 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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