The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048345

4 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:** – 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). This home was registered to provide short breaks to young people assessed as having physical and or intellectual needs/ disability until they reach the age of 18. A temporary change to the registration to provide medium term care for a reduced number of places had been approved by RQIA and remained in place at the point of inspection. The children living in this home have been assessed as having physical and or intellectual needs/ disability and in need of medium to long term care. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 04 June 2025 between 10.00 a.m. and 5.00 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, compassionate care and if the service was well led.

All areas for improvement identified at the last inspection were reviewed and found to be met. These included the physical environment, recording practices; care documentation; staff training; and complaints processes.

One new area for improvement was identified during this inspection. This related to version control and dating of care plans and associated documentation; to ensure that current and historic plans are clearly distinguishable and review processes are evident.

Staff spoken to demonstrated detailed knowledge and understanding of how to meet the individual needs of the young people. They described a supportive and child-centred environment, with access to regular supervision, team meetings, and training. The manager was described as approachable, visible, and responsive.

The inspector concluded there was safe, effective and compassionate care delivered in the home, and the home was well led by the manager.

The findings of this report will provide the management team with the necessary information to support ongoing improvement and enhance the experience of children and young people accessing the service.

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

Due to the specific needs of the young people residing in the home at the time of inspection, direct consultation was not undertaken, as the presence of unfamiliar individuals can cause distress. The inspector was informed by observations, documentation and professional discussion.

The inspector spoke with several members of staff during the inspection. Feedback provided a positive view regarding the quality of care delivered, the supportive team culture, and the approachability of the registered manager. Staff described the home as a positive and child-focused environment, where individual needs are well understood and catered for.

Staff highlighted that they felt listened to, and that the management team was responsive and accessible. There was a clear sense of shared responsibility across the team, with staff reporting effective teamwork, regular supervision, and opportunities for reflection.

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?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 20 June 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with Minimum Standards for Children's Homes January 2019</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 11

Stated: Second time</td><td>The registered person shall ensure that the home is kept in good repair with the redecoration and maintenance service responsive to the immediate requirements of the home with specific reference to the following:

• Paint is peeling off exterior walls and need repainted
• Two young people's bedrooms need to be repainted
• The communal living areas need repainting
• Repair of window blinds in one young person's bedroom

Ref: 5.2.3</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:

This area for improvement was met.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 6

Stated: Second time</td><td>The registered person shall ensure that recording practices within handovers are in line with professional standards and in accordance with NISCC code of practice.

Ref: 5.2.4</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:

This area for improvement was met.</td></tr>
</table>

Area for improvement 3 **Ref:** Standard 6 **Stated:** First time	The registered person shall ensure that individualised support plans are further developed to identify how each of the young people`s physical, emotional, and social developmental needs will be understood and promoted. They should clearly identify the specific care goals identified and outcomes to be achieved. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 17 **Stated:** First time	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people in keeping with the practice model adopted by the home. All staff must complete Fire Safety Training as required in accordance to their role. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 5 **Ref:** Standard 21 **Stated:** First time	The registered person shall ensure that a clear description of the service user complaints or compliments are recorded so that the overall effectiveness of complaints and compliments can be assessed and improvements facilitated Ref: 5.2.4	**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 care was delivered in a manner that was individualised, trauma-informed, and responsive to their assessed needs. Staff were able to clearly articulate each young person's routines, behaviours, and preferred strategies for communication and emotional regulation.

Care records sampled during the inspection included behaviour safety plans, risk assessments, and restrictive practice documentation. Each young person had a comprehensive support plan that identified and promoted each young person's physical, emotional, and social developmental needs. The support plans clearly identified specific care goals and outcomes to be achieved. This area for improvement was addressed and identified as met.

Whilst the content was appropriate and aligned to the needs of the children, several records were undated. As a result, it was not clear whether the most current version was in use. This presents a risk, particularly for bank or agency staff who are less familiar with the young people. This was identified as an area for improvement.

Whilst staff demonstrated a clear understanding of the young people, reliance on local knowledge in the absence of well-maintained documentation creates avoidable risk. Strengthening systems for version control and review will further support continuity and quality of care.

5.2.2 How does the service ensure that staffing arrangements are aligned to young people's needs?

The staffing arrangements in the home were reviewed and found to be appropriate to meet the needs of the children accommodated. Staffing rotas sampled provided evidence of safe staffing levels and a consistent shift pattern with identified shift leaders across day and night shifts.

A combination of permanent, bank, and block-booked agency staff was used to support continuity. Staff reported that whilst staffing pressures remain, they benefit from a regular pool of staff who know the young people well. The manager continues to actively recruit to vacancies, and an open recruitment day has been planned to attract new applicants from a range of professional backgrounds.

Supervision records reviewed confirmed that staff across all grades receive regular supervision, and staff reported feeling well supported within the team. Informal support and problem-solving was embedded within daily practice. Staff also highlighted a strong team ethos and a supportive culture led by the management team.

Training records demonstrated that mandatory training are well monitored, with action plans in place where training had expired. A dedicated training matrix was maintained, and staff had access to eLearning modules to support continued development. The home also benefited from a shift leader who was a Basic Life Support trainer and a practice education facilitator who supported ongoing learning.

Whilst staffing remained an ongoing challenge, the home had systems in place to ensure that young people were cared for by appropriately trained and supported staff who understand their individual needs.

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

On the day of inspection, the home was undergoing cosmetic refurbishment, including the upgrading of flooring, bathroom works, and repainting throughout. Risk assessments were in place, and appropriate measures had been taken to ensure the safety of young people during the works. Staff reported that although managing the environment during the refurbishment had been challenging, additional safeguards had been implemented.

The home was observed to be clean and tidy, with a welcoming atmosphere. Young people's bedrooms were viewed and found to be appropriately furnished and personalised to reflect the child's individual interests and preferences.

Outdoor space was available, and the back garden remained secure and appropriately enclosed. Staff described how the outdoor environment was used to support young people's routines and provide opportunities for play and relaxation.

Although the ongoing refurbishment had not yet been fully completed at the time of inspection, progress was evident, and staff reported the works were due to conclude by early July. The previously identified area for improvement in relation to maintenance and redecoration was addressed and identified as met.

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

Young people's health needs were clearly documented in their care records and supported through routine assessments and ongoing liaison with healthcare professionals. Care plans sampled included reference to individual medical conditions, medications, and personal care routines.

During the inspection, staff described a recent incident where a young person required emergency medical treatment. Staff were able to recognise the young person's distress quickly through changes in presentation and non-verbal cues. They acted promptly and appropriately, and the situation was managed effectively. This demonstrated the team's sound understanding of each young person and their ability to respond safely and confidently in regards to health needs.

Overall, staff demonstrated a good understanding of both the physical and emotional health needs of the young people. Personal care was delivered sensitively, with attention to individual routines and preferences. However as previously discussed, documentation would benefit from clearer dating and version control to provide assurance that plans remain current.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from complaints/adverse incidents?

There were arrangements in place to ensure that staff could identify, report and learn from complaints and adverse incidents. Incidents were recorded and reported appropriately; and there was evidence of managerial oversight, including regular review and escalation where necessary. Staff demonstrated knowledge of the reporting process and were confident in their responsibilities.

Sampling of complaints records demonstrated that procedures were in place to enable young people and their families to exercise their right to comment on the effectiveness of the service. This information was being used to evaluate the overall effectiveness of the care provided and to assess whether improvements have achieved the intended outcomes. This area for improvement has been addressed and was assessed as met.

Notifications to RQIA had been submitted as required and were reviewed as part of this inspection. There was evidence that learning from incidents was shared through team meetings, supervision, and reflective discussion. The manager was aware of their regulatory responsibilities and responded promptly to areas identified for improvement.

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

There were governance and management arrangements in place to support the delivery of safe and effective care. The home was managed by an experienced registered manager who provides day-to-day oversight of the service. There were clear lines of accountability, and staff confirmed they were supported in their roles.

The manager advised that young people's meetings were not the most effective way of identifying and recording the views of the young people. Review of team meeting minutes demonstrated routine scheduling of discussions on the needs, views, and preferences of the young people. The minutes also identified there is a system in place to review incidents and share learning where appropriate.

Handover records were reviewed and were found to have essential information that supported staff in their day to day safe and effective decision making. Staff gather information through their daily observations, communications and interactions with the young people. There was evidence that this information was being used to plan and structure the young people's care routines and daily living within the home. Recording practices were noted to be in line with professional standards and in accordance with the NISCC Code of Practice. Therefore, this area for improvement was addressed and assessed as met.

Monthly governance audits were completed and reviewed by senior management. These include audits of care records, medication, training compliance, and health and safety. Supervision was held regularly, and records reviewed during the inspection confirmed this was up to date.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023)**

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the registered 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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 16 **Stated:** First **To be completed by:** 11 August 2025	The registered person shall ensure that all care planning documentation is subject to version control and is clearly dated to reflect when updates have been made. This is to ensure that all staff, including temporary and bank staff, can reliably access the most current and relevant information in relation to the young person's care. Ref: 5.2.2
	Response by registered person detailing the actions taken: A new file audit has been created and implemented this will ensure all documentation is updated within timeframes and signed appropriately. A further staff signage recording sheet has been introduced to ensure all staff working within the home are reading and understanding the documentation for the young people.

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





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