The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048678

30 March 2026

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:** – Northern Heath and Social Care Trust	**Manager status:** Not registered - application submitted

Brief description of how the service operates:

The children and young people living in this home have been assessed as having intellectual needs/ disability and in need of short breaks in residential care.

Children and young people will be referred to collectively as young people throughout the remainder of this report.

Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service to provide short to medium term places and operation of short breaks.

2.0 Inspection summary

An unannounced inspection took place on 30 March 2026 between 9.30 a.m. and 4.30 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. Areas for improvement in relation to the physical environment and complaints procedures were assessed as not met and were stated for a second time.
A new area requiring improvement was identified in relation to restrictive practices.

Young people were supported by an experienced and qualified staff team. Staffs approach was young person centred, informed by a comprehensive assessment of the young people's needs and supported by effective communication between staff.

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

Prior to this inspection, the provider submitted a variation to RQIA, to make a change to the registration of this service to provide short to medium term places and short breaks
This application was assessed as part of this inspection and remains ongoing at the time of writing this report.

The findings of this report will provide the management team 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 staff and the manager.

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.

Discussions with staff confirmed that overall they felt positive about their roles, how young people were supported, and the support available to them from the management team.

The staff and the manager spoke in compassionate, warm, respectful and caring manner about the young people. They clearly understood the needs of the young people within the home and expressed their commitment to delivering safe and effective care.

Staff held the view that staffing levels were consistently safe and effective but expressed reservations about a proposed change to the current staffing model. This feedback was shared with the management team with assurances received that this information would be considered in future service improvement discussions within the organisation, with the aim to identify what learning and improvements could be made.

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 inspection on 1 December 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 30 **Stated:** First time	The registered person shall ensure that the exterior and the interior communal areas are repainted	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and was stated for a second time.	
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 21 (11) **Stated:** First time	The registered person shall ensure that that children, parents or carers satisfaction or otherwise with the management and outcome of the complaint is recorded. There should be mechanisms in place to use this information to audit the effectiveness of the complaints process and action taken to improve the care delivery following a complaint.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and was 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?

Discussions with staff and the management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led.

Young people's records were well organised, easily accessible, and routinely updated to ensure staff remained informed about each young person's individual needs and agreed care and risk management plans. The records sampled were personalised, and reflected a coordinated approach by those involved in the young person's care. The risk assessments completed were comprehensive with a range of strategies in place to keep young people safe.

Handover records are a key communication tool between staff members across shifts to ensure that essential information about young people and their needs is shared effectively. The handover records sampled were sufficiently detailed and consistently completed, to promote effective communication between staff.

Physical restriction records evidenced the restrictions implemented were; based on an initial comprehensive assessment of risk, were proportionate, and agreed by relevant others. Up to date records however were not available that demonstrated the regular review, and ongoing assessment that restrictions imposed were for the least amount of time, with a reduction plan in place as necessary. An area for improvement was identified.

The management team described a culture within the home that is child centred and encourages and maximises the participation of the young people in every aspect of decision making about their care, welfare and environment.

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

Responsive staffing arrangements are essential to; safeguard and promote the health and wellbeing of the young people and adhere to safety plans. The manager described the staffing levels that had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced staffing levels were consistent with the levels described; and were reviewed on an ongoing basis to ensure they remain consistent with the needs of the young people living in the home.

Discussions with the manager and a review of the staff training records identified that staff were receiving regular mandatory and specialist training. Specialist training which is responsive to the needs of the young people and of the staff team contributes to building upon staff confidence, competence and resilience, and further ensures staff are equipped to meet any complex needs of each young person within the home. Completion of essential training in this home is necessary to ensure staff are skilled and equipped to deliver child centred, safe and effective care and support.

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

The home overall presented as a comfortable, welcoming space. The internal and external environments were equipped with age appropriate equipment to ensure it was a safe and therapeutic setting for the young people to spend time. Since the last inspection the interior communal living areas have been repainted. The repainting of the exterior of the home however

has not been completed. This area for improvement was therefore not fully met and was restated for a second time.

Fire safety records evidenced that fire safety checks, fire drills and fire training were completed regularly. A current annual fire risk assessment was in place with the associated action plan completed by the manager.

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

Staff described how the staff team have benefited from the stability provided by the appointment of a deputy manager and manager. Strengthening the leadership arrangements in this home, is essential to embedding strong governance structures; ensuring effective oversight, and strengthening the direction and support provided to staff, which should result in positive outcomes for the young people.

The management team convene regular team meetings. 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.

Staff records showed that annual appraisals and regular supervision were being completed with all staff in keeping with the appraisal and supervision model adopted by the home. A system was also in place to monitor the Northern Ireland Social care Council (NISCC) registration requirements for all social care and social work staff. This provides assurance that staff involved in the delivery of care possess all the knowledge, skills and ability to deliver safe and effective care to the young people in the home.

Review of records demonstrated that complaints made by young people, parents or carers and the actions taken are recorded. Assurance was not provided that there were effective mechanisms in place to audit the effectiveness of the complaints process through the recording of the complainant's satisfaction levels or otherwise. This area for improvement was therefore not met and was restated 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*	2*

**This inspection resulted in three areas for improvement being identified including two that have been stated for a second time and one new area for improvement.

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 30 **Stated:** Second time **To be completed by:** 30 December 2026	The registered person shall ensure that the exterior and the interior communal areas are repainted. Ref: 5.2.3
	Response by registered person detailing the actions taken: This has been highlighted with Estate Services again. The outside of the unit has been an ongoing issue. The interior of the unit was repainted in 2025, however, this is already showing a very high level of wear and tear. Again, this has been highlighted to Estate Services.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 2 **Ref:** Standard 21 (11) (12) **Stated:** Second time **To be completed by:** 30 December 2026	The registered person shall ensure that children, parents or carers satisfaction or otherwise with the management and outcome of the complaint is recorded. There should be mechanisms in place to use this information to audit the effectiveness of the complaints process and action taken to improve the care delivery following a complaint. Ref: 5.2.4
	Response by registered person detailing the actions taken: The complaints procedure is an organisational one, with governance handling formal complaints. The Children & Young Person (CYP) division have a flowchart in place that details the formal complaints process and learning. Following a review and investigation of the complaint a letter of response is sent to the complainant from the Director of CYP which details changes or improvements to be made as a result of the complaint. These are then sent to the Team Leader in the home for learning and action. A matrix has been put in place to track and keep record of complaints. The registered manager, along with senior management will further explore ways to rrack and audit effectivness of the complaints process.

Area for improvement 3 **Ref:** Standard 11 (8) **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure that up to date records are maintained that demonstrate the regular review, and ongoing assessment that any physical restrictions used, continues to be proportionate, and is for the least amount of time, with a reduction plan in place as necessary. Ref: 5.2.1
	Response by registered person detailing the actions taken: Currently this is analysed via the datix and Rec 4 systems. These are then assessed and reviewd monthly via the Incident Governance meetings. Staff regularly attend refresher training and take part in group debriefings regarding physical restrictions. All physical restricions are written up in the young person's care plans and risk assessments. These are discussed and agreed at the Family Support Reviews which are planned 6 monthly.

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