The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048740

26 August 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 26 August 2025 between 9.25 a.m. and 4.35 p.m. The inspection was conducted by a care inspector.

The aim of this inspection was to assess an application submitted to RQIA by the provider on 20 August 2025, to remove the enforced condition on the home's registration, applied on 19 June 2025, which prevented further admissions until RQIA determined that the actions in three Failure to Comply (FTC) Notices had been complied with. Prior to this inspection, the provider had recommenced admissions to the service.

The three FTC Notices issued on 10 March 2025, sought to address significant concerns that related to care practices, governance, leadership, safety and quality of care. An inspection to the home on 10 June 2025 concluded that the provider had made some progress in relation to the required improvements, however further work was necessary to ensure the improvements were actioned and embedded into practice. Subsequently, RQIA integrated the outstanding actions from the three FTC notices into the quality improvement plan and applied an enforced condition on the registration of the home. This action was to support the provider to continue their work towards achieving and sustaining the improvements required.

Having considered the application, supporting evidence, and the findings of the inspection, RQIA determined that the required improvements had not yet been achieved and/or embedded in practice. The provider's decision to recommence admissions to the home resulted in the

provider failing to comply with the conditions on the registration of the home. RQIA's determinations were confirmed to the provider, and engagement with relevant stakeholders remains ongoing at the time of writing this report.

In addition, two new areas for improvement were identified with regard to the environment and transport arrangements. Due to the focus of this inspection, the seven areas for improvement identified at a previous inspection, were carried forward for review 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.

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, staff, the manager and a senior manager.

Staff were observed interacting with the young people, and sensitively utilising humour and positive regard to encourage and support the young people. Young people spoken with were observed to be comfortable in their environment, they engaged with staff when seeking attention or support, and raised no issues or concerns.

Staff reported that since the last inspection on 10 June 2025, the service had been stable, with positive routines and observable improvements in young people's presenting behaviours. They described that the introduction of weekly multi-disciplinary huddles had supported effective problem solving, ensured timely feedback to the staff team, and led to enhanced responsiveness to the young people's needs.

The staff raised a number of concerns regarding the impact on the home's overall stability and staff morale following an increase in the overall number of young people in the home. They

identified the effect of multiple new staff upon the group dynamics and risks associated with care planning and the environment. This feedback was shared with the manager and senior manager for review and consideration of any necessary actions. These issues are discussed further in Section 5.2.

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 10 June 2025</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 16

Stated: Second time</td><td>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.

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.</td><td>Carried forward to the next inspection</td></tr>
<tr><td>Area for improvement 2

Ref: Regulation 4 (6)

Stated: First time</td><td>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.</td><td>Met</td></tr>
</table>

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 9 **Stated:** First time	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. **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.**	**Carried forward to the next inspection**
Area for improvement 4 **Ref:** Regulation 9 **Stated:** First time	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. **Progress with this area for improvement was reviewed and is discussed further in Section 5.2. The date by which compliance was to be achieved for this area for improvement had not been reached at the time of the inspection. Therefore, this area for improvement is not restated for a second time and has been carried forward to the next inspection.**	**Carried forward to the next inspection**
Area for improvement 5 **Ref:** Regulation 24 **Stated:** First time	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	**Carried forward to the next inspection**

	d) takes into consideration the outcomes of a robust risk assessment relating to group living e) defines the management and leadership structure	
	Progress with this area for improvement was reviewed and is discussed further in Section 5.2. The date by which compliance was to be achieved for this area for improvement had not been reached at the time of the inspection. Therefore, this area for improvement is not restated for a second time and has been carried forward to the next inspection.	
Area for improvement 6 **Ref:** Regulation 16 **Stated:** First time	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.	**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

Staffing Model

The actions in relation to the staffing model were not yet concluded. There remained a deficit of core staff and a reliance on overtime, bank and agency staff to cover shifts. This was not a sustainable position and presented a risk to continuity, stability and quality of care. Records evidenced poor compliance for bank and agency staff in key areas of training, such as safeguarding, safety intervention, fire safety and first aid. This highlighted the need to progress the home's plan at pace to ensure all staff received the necessary training and support to meet the needs of the young people. The manager confirmed this remained a priority within the provider's overarching action plan, aligned to the FTC notices.

The provider not complying with the condition had further affected the staffing position. The Trust increasing the places into the home by one necessitated an increase in the use of agency and bank staff, to achieve safe staffing. The new cohort of staff were not incorporated into the overall rota, they had limited knowledge of the home, the other young people, and the risks within the group dynamics. This created a delineation between the staff teams, and potentially reduced integration, coordination and consistency of care for the young people.

In addition, the provider was unable to evidence that staff working on this rota had been subject to the safe recruitment checks required within the Children's Home Regulations (Northern Ireland) 2005, for example registration with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). They also could not provide assurance that the staff had received an induction to the home or that they had assessed the staffs understanding of and alignment with, the home's values and ethos. These gaps have the potential to expose young people to increased risks of harm.

These concerns were escalated to the manager and senior manager for urgent review. Confirmation was received post inspection that the recruitment and registration status for all new staff had been reviewed, and inductions were underway. The manager also confirmed that the rota arrangements were being reviewed to integrate the staff teams and ensure safe staffing arrangements were in place.

Environmental Assessment

The provider had not progressed the assessment of the premises, which aimed to consider how the internal and external areas could be best used to support the aims and objectives of the service and meet the needs of the current resident group. Feedback from staff and the management team during recent inspections identified the progress observed to date was, in part, attributable to the reduction in the number of young people in the home. Following an increase in the number of young people living in the home, planned adaptions identified by the manager to optimise the use of space were no longer achievable. Observations during the inspection identified there was a reduction in the availability of communal space, due to the increased number of staff required on shift to meet the needs of the current young people.

In addition, the kitchen was not operational. Whilst arrangements were in place for meals to be brought in to the service from alternative locations, this arrangement restricted choice, limited the ability to cater for young people's preferences, and did not reflect the homely environment expected in a children's home. The manager advised there was no time bound plan in place to reinstate full kitchen facilities. An area for improvement was identified.

Feedback from staff identified concern regarding the availability of vehicles to transport the young people. Staff reported that vehicles were frequently unavailable due to repairs, and the increased number of young people in the home had placed further demand upon resources. Whilst vehicles were coordinated for appointments and activities, limited access constrained the home's flexibility in responding to group dynamics and managing overlapping schedules. An area for improvement was identified.

Admission processes should include a robust assessment of the young people's needs and if they can be met by the service, the likely impact on the young people living in the service, and the mitigations to reduce or remove any risks identified. There was no group impact assessment as part of the recent admissions process, this limited the home's ability to anticipate and manage potential risks, including the impact of any staffing, environmental, or resource issues. The manager acknowledged this gap and post inspection completed a group impact assessment. RQIA was assured this action would support the implementation of any required mitigations to assure young people's safety, quality of care and increase the likelihood of positive outcomes for all of the young people.

In conclusion, RQIA was not assured that the home was operating in a way that promotes and makes proper provision for the care, protection and supervision of young people accommodated there. Evidence was not available to provide assurance the condition on the registration of the service had been met. The provider's decision to recommence admissions to the home, led to the position whereby the provider has failed to comply with the conditions on the registration of the home. RQIA have therefore engaged with the provider and other relevant stakeholders to review and address this matter.

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**	3*

* the total number of areas for improvement includes two which are carried forward for review during future inspections.
** the total number of areas for improvement includes five 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 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 30 **Stated:** First time **To be completed by:** 26 November 2025	The registered person shall ensure a time bound plan is in place to restore the kitchen to operational use. This plan should be subject to review, with escalation arrangements in place to ensure timely reporting to senior management in the event of any delay. Ref: 5.2
	Response by registered person detailing the actions taken: Progress is on-going following a risk assessment on 17th July 2025 by Estates Department. Risk assessments have been shared in December with PA and Estates in relation to Kitchen access. Patient Experience are to remove the additional freezer and smaller fridges to reduce heating in kitchen. Food continues to be cooked off site.

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: 5.1
	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 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: 5.1
	Progress with this area for improvement was reviewed and is discussed further in Section 5.2. However, the compliance date had not been reached at the time of the inspection. Therefore, this area for improvement is not restated for a second time and is carried forward to the next inspection.
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: 5.1
	Progress with this area for improvement was reviewed and is discussed further in Section 5.2. However, the compliance date had not been reached at the time of the inspection. Therefore, this area for improvement is not restated for a second time and is carried forward to the next inspection.

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: 5.1
	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.
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.
Area for improvement 3 **Ref:** Standard 3 **Stated:** First time **To be completed by:** 26 November 2025	The registered person shall ensure that an assessment of the transport arrangements in the service is undertaken, which takes account of the number of young people, and their assessed needs. A time bound plan with clear review and escalation arrangements should be in place to monitor and/or escalate any unmet needs or adverse impact. . Ref: 5.2

	Response by registered person detailing the actions taken: A business case has been submitted to the trust to tender new 8 seater vehicles. The various trust departments including senior manager in transport and finance have met on several occasions to assess the needs across the Cared for Childrens Residential Estate . Each young persons needs are written up in their care plans in relation to any MDT assessed restrictive practice as to the type of vehicle OR adaptations / mechanical restraints that me be required for safe transportation. All restrictive practice decisions will be needs assessed and a review date / schedule in pace to assure that they are and continue to be the least restrictive option to meet the young persons needs.

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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