The Regulation and Quality Improvement Authority

# Children's Home Inspection Report

## IN048758

## 19 March 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Service Type:**<br>Children's Home<br>**Provider Type:**<br>Health and Social Care Trust<br><br>**Located within:** – Southern Health and Social Care Trust | **Manager status:**<br>Registered |
| **Brief description of how the service operates:**<br><br>The children and young people living in this home have had adverse childhood experiences which has resulted in them requiring residential care.<br><br>Children and young people will be referred to collectively as young people throughout the remainder of this report.<br><br>Since the last inspection, the provider has submitted an application to RQIA to vary the registration of the service. This application remained under review at the time of writing this report. | |

## 2.0 Inspection summary

An unannounced inspection took place on 19 March 2025 between 09:30 a.m. and 04:30pm. The inspection was conducted by two care inspectors.

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.

One area for improvement identified at the last pharmacy inspection and four areas identified at the last care inspection were assessed as met. Two new areas for improvement were identified in relation to fire safety.

Staff had a detailed understanding of young people's individual needs and positive relationships between staff and young people were evident. Young people were supported by a stable, experienced staff team. Additionally, the young people had access to a network of professionals to support and guide their care. The inspectors concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

The findings of this report will provide the manager with the necessary information to improve staff practice and young people' 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, staff, and the management team. Feedback provided a positive view regarding the quality of care and support provided. Young people were observed to be at ease in the presence of staff, seeking support and interacting in conversation throughout the day.

Staff told us that they were supported by the management team and that there was a culture of collective leadership within the home, where decision making was shared amongst staff.

Young people told us that they were supported to engage in activities with staff and other external agencies. Young people also told us they were supported by keyworkers and staff to attend meetings about their own care and to raise any issues they might have. In addition, young people confirmed they provided feedback about their lived experience in the home with staff, which was acknowledged and discussed with the management team for consideration and action as appropriate.

No feedback was received by RQIA via questionnaires or electronic survey within the required timescales for inclusion in this report.

## 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 21 November 2024 | | |
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| **Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)** | | **Validation of compliance** |
| **Area for Improvement 1**<br><br>**Ref:** Appendix 1, Standard 1<br><br>**Stated:** First Time<br><br>**To be completed by:**<br>20 December 2025 | The registered person shall ensure that an effective system is in place to review staff competency in relation to management of medicines.<br><br>Ref: 3.3.6<br><br>**Action taken as confirmed during the inspection**:<br><br>This area for improvement was met. | **Met** |
| **Area for Improvement 2**<br><br>**Ref:** Standard 21 (11) (12)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>16 January 2025 | The registered person shall ensure that young people are able to and are encouraged to sign the complaints record to indicate their satisfaction or otherwise with the management and outcome of the complaint. There should be mechanisms in place to use this information to audit the effectiveness of the complaints process.<br><br>Ref: 5.1 and 5.2.3<br><br>**Action taken as confirmed during the inspection**:<br><br>This area for improvement was met. | **Met** |
| **Area for improvement 3**<br><br>**Ref:** Standard 6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>16 January 2025 | The registered person shall ensure that Individual Crisis Support Plans (ICSPs) are regularly reviewed and updated as required and clearly outline any pre-agreed permissible holds that are appropriate to each young person's specific circumstances and history, explaining why it is necessary and how it supports the young person's safety and emotional regulation. | **Met** |

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| | Ref: 5.2.1 | |
| | **Action taken as confirmed during the inspection**:<br><br>This area for improvement was met. | |
| **Area for Improvement 4**<br><br>**Ref:** Standard 2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>16 January 2025 | The registered person shall ensure that young people have access to regular key work sessions that support their development and progress towards identified goals, with records clearly reflecting the effectiveness of these sessions and future plans. There should also be mechanisms in place to clearly evidence and audit these sessions.<br><br>Ref: 5.2.1 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>This area for improvement was met. | |
| **Area for improvement 5**<br><br>**Ref:** Standard 17<br><br>**Stated:** First time<br><br>**To be completed by:**<br>16 January 2025 | The registered person shall ensure there are robust governance arrangements in place to ensure effective oversight and monitoring of staff's compliance rates in training areas aligned to the needs of the young people, in order to drive improvement in this area. This should also include as and when and domestic/auxiliary staff, as applicable.<br><br>Ref: 5.2.2 | **Met** |
| | **Response by registered person detailing the actions taken**:<br><br>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?

Agreed strategies that support robust safety planning are essential to ensure that staff interventions promote the young people's safety and wellbeing. Records were available to support and direct staff in their interventions with young people. Evidence was also available that these records were reviewed and updated with the involvement of multi-disciplinary professionals, identifying new or evolving risks and ensuring support strategies remained relevant and effective. Safety plans were utilised in response to incidents and provided assurance that staff knew what action to take to promote young people's safety.

Effective team working and staff collaboration are essential in ensuring that young people receive the right care at the right time. Feedback from staff and the management team identified effective communication arrangements were in place, ensuring staff were well informed about young people's needs and agreed interventions through daily handovers and team meetings.

Individual crisis support plans (ICSP's) were available to assist staff in supporting young people during times of crisis. The plans were individualised, provided clear guidance, and specified pre agreed strategies, including permissible holds, to reduce harm to themselves and others. These plans enabled staff to proactively support young people and ensure that their responses to the young people were consistent. Advice was provided to the management team to review and improve the language used within the plans to ensure this was young person centred and trauma informed.

The management team confirmed that young people's care was informed by consultation with the multidisciplinary team to enable young people to achieve their goals. Records sampled confirmed that staff supported young people to engage in key working sessions and empowered them to engage in meetings with other professionals about their own care.

The home adopts a proportionate and consistent approach in managing behaviour which was explained to and understood by all young people. Review of behaviour management records, alongside feedback from staff and young people, provided assurance that the staff team were committed to engaging with young people in a therapeutic manner. The records demonstrated there was a focus on providing a balanced, proportionate approach to behaviour management with the aim to support the young people to develop insight and make informed choices.

Discussions with young people and the management team confirmed they were supported and facilitated to maintain relationships with relative/carers and friends. The culture within the home encouraged and supported young people to consider the positive strengths within their relationships with significant people in their lives; and promoted a partnership approach to sustaining these relationships.

Young people were supported to understand, accept and demonstrate their rights and responsibilities as members of the wider community through community engagement initiatives. Young people confirmed they had active weekly planners with varied activates. This approach

enabled young people to make positive contributions to their home and the wider community and promoted social engagement.

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

The overall number, competence and deployment of staff, both as a group and on individual shifts should fulfil the home's Statement of Purpose and meet the individual needs of young people resident there.

Sampling of staff rota records concluded that staffing levels were sufficient to meet the needs of the young people. There were vacancies within the staff team, however, these gaps were well managed with the use of an experienced and consistent bank team. Discussions with the management and staff team evidenced that the staffing model reflected the level of risk within the home. The management team were aware of the impact of risk upon the service and described the range of supports provided to the staff team to ensure young people were well supported, particularly at night time when risks may be increased.

Leaders who continually seek to improve practice, and who empower and support committed staff, through meaningful training, development, and effective management systems, are more likely to unite staff in achieving the vision and ethos of the home. There was evidence of good compliance with mandatory training, and staff were also afforded opportunities to engage in specialised training to enable them to meet young people's specific needs. Evidence was available that training records were well maintained, and that there was managerial oversight of compliance.

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

Young people had access to spacious and comfortable rooms, in addition to their bedrooms for dining, relaxation and group activities. There was a large secure outdoor space where engagement in activities was promoted by staff. Young people were supported by outside agencies to complete artwork for the home which was on display. This is good practice. Enabling young people to influence how the home is presented reinforces that their views and contributions are valued and strengthens their sense of ownership over their space.

Restrictive practice intervention management plans were in place and documented a number of practices that were in place to support young people's safety and wellbeing in the home. Young people also had individual restrictive practice management plans which documented the strategies agreed with the young person, their relatives/carers and multidisciplinary teams, where relevant, to promote their safety and wellbeing.

Review of the fire safety records and discussions with the management team identified risks in relation to fire setting within the home. The current fire risk assessment was dated 22 July 2024 and had not yet been reviewed. This was identified as an area for improvement. Assurance was provided by the manager and a senior manager post inspection that this issue had been escalated to the Fire Safety officer and Senior Management team for urgent review and action. Assurance was also provided that robust mitigations and controls were in place in relation to fire safety risks in the home.

Records did not however provide assurance that all young people and staff had been made aware of the procedure to be followed in the case of a fire, by means of fire drills, at suitable intervals. This was also identified as an area for improvement.

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

Regular team meetings are essential to ensuring the staff team are effective and consistent in their approach to caring for young people. Sampling of team meeting minutes identified that staff were provided with opportunities to meet together as a group. Staff reflected upon the agreed strategies to support young people and there was evidence that the views of young people were discussed and considered during the meetings. Advice was provided to strengthen this process through ensuring actions, the action owner and the associated timescale for completion were clearly recorded. Progress in this area will be reviewed through future inspection activity.

The management team advised robust processes were in place to support the delivery of effective, consistent and compassionate care to the young people. Staff handovers, team meetings, supervision and reflective practice forums were in place; and the managers described that these mechanisms supported effective communication.

Staff reported that the management team were approachable and supportive. These mechanisms, in conjunction with the quality of support available as described by staff, supports the maintenance of an open culture where staff can review their practice and ensure this is aligned with the young people's needs.

There was an effective system in place to review staff competency in relation to management of medicines. There was evidence that all relevant staff had completed an administration of medications competency assessment and a competence assessment for transcribing medications onto a Medication Administration Record (MAR).

The inspection process included a review of recommendations identified following a Serious Adverse Incident (SAI) in the home. Assurance was provided that the learning from this incident had been shared and that the recommendations had been taken forward by the service and provider.

Young people confirmed that they knew how to make complaints and that they had positive relationships with staff and the management team that would enable them to raise any concerns they might have. Young people had been consulted and asked to provide feedback on the complaints management process, and they had also been engaged in the production of a complaints handling record. This work was supported by Speech and Language Therapists (SALT). This was identified as good practice.

Advice was provided to the management team in relation to ensuring there are robust audit and governance arrangements in place in relation to complaints. Progress in this area will be reviewed during future inspection activity.

## 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 |

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team and senior manager as part of the inspection process. The timescales for completion commence from the date of inspection.

### Quality Improvement Plan

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| **Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 31<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 May 2026 | The registered person shall have in place a current risk assessment that is regularly reviewed, including whenever there are changes to the premises, occupancy, or identified risks. Any actions arising from the assessment must be addressed promptly, with an up to date action plan maintained to evidence completion and ongoing compliance.<br><br>Ref: 5.2.3 |
| | **Response by registered person detailing the actions taken:**<br>The Fire Risk Assessment for the home is overdue and this has been highlighted to Fire Safety Department in the Trust as urgently requiring review. Unfortunately, they have advised that due to resource issues it is on a priority waiting list of several Trust facilities overdue for review. This matter has been escalated by the Director for Children's Services to Director for Estates who has agreed that this home's Fire Risk Assessment will be completed as a matter of urgency. |
| **Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 22<br><br>**Stated:** First time | The registered person shall ensure that staff and resident young people participate in fire evacuation drills in accordance with the provider's policy and procedure.<br><br>Ref: 5.2.3 |

| **To be completed by:**<br>30 May 2026 | **Response by registered person detailing the actions taken:**<br>Achieved and will be undertaken at required intervals going forwards. |
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