The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048761

15 October 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 Respite Home **Provider Type:** Independent Provider **Located within:** – Southern Health and Social Care Trust	**Manager status:** Not 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).

The children living in this home have been assessed as having physical and or 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.

2.0 Inspection summary

An unannounced inspection took place on 15 October 2025 between 09.10 a.m. and 04.15 p.m. The inspection was undertaken 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.

Three areas for improvement identified at the last care inspection were assessed; two were assessed as met. One area for improvement in relation to manager registration was restated for a second time. One new area for improvement was identified in relation to young people's care documentation.

Staff had a detailed understanding of young people's individual needs and positive relationships amongst staff and the young people were evident. Young people were supported by a stable, and experienced staff team. Care was individualised, staff presented as young person centred within their approach, and they voiced a good understanding of each of the young people's individual needs.

A range of documents were examined to determine if effective systems were in place to deliver safe, quality care. The inspector 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 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.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, relatives/carers and staff. Young people who were less able to tell us about their experience in the home were observed to be relaxed, and engaged with staff, enjoying individual interventions and activities.

Discussion with relatives/carers indicated that there were good relationships with staff who were supportive, knowledgeable, caring and compassionate towards the young people. A range of activities were available for the young people and communication was good with relatives/carers regarding any health care needs.

Discussions with staff confirmed that they were aware of their roles and responsibilities within the home and they provided a positive view regarding the care provided to young people.

Staff also confirmed that they enjoyed working in the home and they described good support from the management team. Staff had access to regular group and individual supervision and an open door approach to supervision was encouraged. Staff also advised that they were encouraged to raise concerns, they were listened to, and their views were respected.

Staff described the benefits of information sharing mechanisms, such as daily huddles, handovers and team meetings, in ensuring effective communication across the staff team. Staff confirmed they were encouraged to attend training and were supported to do so. Staff also reported a positive culture within the home, with the needs of the young people a priority, and the care delivered tailored to meet young people's specific needs.

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 09 November 2021		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 7 **Stated:** First time	The responsible person shall ensure that an application to register an individual as manager is submitted to RQIA without delay. Ref: 5.2.1	**Not Met**
	Action taken as confirmed during the inspection: An acting management arrangement remained in place. An application to register a named person as the manager had not been submitted to RQIA. This area for improvement was not met and will be 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 16.7 **Stated:** Second time	The responsible person shall ensure that the manager can receive professional social work supervision. Ref: 5.2.1	**Met**

	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	
Area for improvement 2 **Ref:** Standard 13 **Stated:** First time	The responsible person shall ensure that a record of the outcomes/actions of short break review minutes are maintained within the young person's file. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	

5.2 Inspection findings

5.2.1 How does the service ensure young people are getting the right care at the right time?

The service supports young people with complex health conditions, behaviours that challenge and who may have experienced trauma. Short break reviews are held on a regular basis to ensure that young people's needs are met in the most appropriate setting. Care is discussed and agreed to ensure that the support provided by staff continues to meet each young person's assessed needs.

A robust matching process is in place when planning the admission of a young person to the home, ensuring compatibility with other young people. The matching process takes into account the needs of the group of young people, staffing levels and skill mix within the staff team. Potential risks and benefits for all young people are assessed, which enables the service to determine which young people can be cared for at the same time, and to identify any necessary mitigating actions to support positive outcomes for all young people. This was evident during inspection and was reported by staff to help minimise disruption within the home, and ensured each young person received a quality short break.

5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

A robust training matrix was in place. The matrix was a useful governance tool to support monitoring of staff compliance with all areas of training. A rag rated system was in place to identify when training was required. Each member of staff had an individual training plan, which was reviewed and updated by the management team.

The management team confirmed that training and learning opportunities for staff were supported and staff were actively encouraged to attend training. A dedicated training week

supported annual training updates, mandatory training and included health professionals attending and carrying out health specific training as identified. The training week also provided an opportunity for staff to review other key areas such as Risk Assessment.

Training required to meet the individual specific health needs of young people was supported by healthcare professionals e.g. epilepsy nurse specialist. The training included knowledge and skills training as well as practical sessions as indicated and was competency based. This approach ensures staff can be confident and competent in delivering care.

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

The home was clean, tidy, warm and well maintained. It had been newly decorated and the flooring had been replaced. There was a large living area, which young people could use, and a kitchen where staff and young people could enjoy meals together. An art room was available which could also be used for general play/activities depending on the needs of the young people. A sensory room was also available which was enjoyed by young people on a regular basis.

Young people's bedrooms were newly decorated with bright murals painted on one wall. Young people were able to bring personal items with them while staying in the home to meet their individual tastes and preferences, and help create a more welcoming and familiar environment for them.

There was a large well-maintained garden outside. Young people had access to a playground and a sheltered area where young people could sit and relax, as well as enjoy art therapy.

Review of fire safety records identified that regular fire safety checks were in place and these were carried out weekly. An evacuation plan was also in place and regular fire drills were carried out when young people were in the home.

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

Young people's care records and risk assessments were reviewed with health needs being clearly identified. Care records were detailed and young person specific and were reviewed by staff on a daily basis. Input from specialist healthcare professional teams and other agencies was evident and staff confirmed they were aware of how to contact specialists if they had any concerns or issues.

Epilepsy Management Plans were reviewed and were found to be detailed and child specific. The specialist epilepsy team had completed these plans; however, they were now out of date. This was highlighted to the manager for review. An area for improvement was identified.

The manager confirmed that a comprehensive assessment of the young person's health needs prior to admission would be completed with relatives/carers. This process included review of any health concerns and any potential impact on the young people's health or wellbeing. A

detailed plan for treatment and care was then developed and agreed with the relative/carer and was reviewed and updated where relevant prior to each admission. This included review of medications with a robust process in place for recording admission medications and any changes detailed and signed by GP, relative/carer.

Discussion with the manager and staff indicated that young people were less able to be involved in decisions about their health needs however, a range of communication methods were utilised to actively encourage young people to communicate their needs and wishes. It was evident that staff utilised these methods and communicated with young people effectively and compassionately.

Risk assessments were sampled and clearly identified the nature of risk and risk behaviours. Triggers for such behaviours were detailed and strategies were in place to reduce the risk of harm. Risk assessments also included a range of policies and guidance for staff to access for additional information to support the care needs of the young people. This additional information also ensured staff had a full understanding of the care that each young person required and the rationale for decisions.

Training was also in place to ensure staff had the skills to prevent and manage situations of escalating distress behaviours by focusing on de-escalation and non-restrictive interventions. The management team advised that this training had been beneficial for staff, increasing confidence and competence in the management of risk behaviours.

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

The care and support observed on the day of the inspection was young person centred and fostered a culture within the home that was supportive, inclusive and respectful.

The manager and staff advised that processes were in place to support the delivery of effective, consistent care to the young people. Staff handovers were held twice-daily detailing care required by each individual young person. Supervision was in place and included, individual, group and open-door supervision. Regular team meetings facilitated discussion regarding areas such as incidents and learning outcomes. These forums supported effective communication and provided a safe space for issues and concerns to be discussed, opinions to be expressed, and a consistent approach in respect to how care is delivered and maintained.

Staff confirmed that they were encouraged and supported to have open, honest discussions and they felt listened to and valued as a member of the team. The management team advised that staff health and wellbeing was also a primary focus, and staff were encouraged to avail of resources available which included external support/counselling agencies.

It is important that feedback from young people is captured and acted upon to shape how care is delivered in the home and improvements made. This approach empowers young people to have ownership over their own lived experience in the home. The manager advised that a formal approach had been adopted within the service to create opportunities for young people to have their views and experiences considered.

Review of the certificate of registration for this service, identified action was required to ensure the registration was aligned to the Statement of Purpose (SOP). This was discussed with a senior manager post inspection and it was agreed an application to vary the registration to include an additional category of care would be submitted.

A positive culture was observed during the inspection with good relationships noted between the management, staff and the young people.

Medication file audits and fire safety checks were in place as well as regular fire drills, which were carried out while young people were in the home.

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

* The total number of areas for improvement includes one that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 7 **Stated:** Second time	The responsible person shall ensure that an application to register an individual as manager is submitted to RQIA without delay. Ref: 5.2.1
To be completed by: 30 November 2025	**Response by registered person detailing the actions taken:** **This response contained service identifiable information and therefore has not been included in this report.**
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	

Area for improvement 1 **Ref:** Standard 18.4 **Stated:** First time	The registered person shall review epilepsy management plans and ensure the information held on records is accurate and up to date. Ref: 5.2.4
To be completed by: 30 October 2025	**Response by registered person detailing the actions taken:** . Updated EMP have been sought from the trust with updated dates to indicate that they have been updated with in year. However these have not been forthcoming, and a narrative provided that EMP are only updated when there are changes but that a no change review is not dated on the new EMP. Acting registered manager spoke to aligned RQIA inspector who has expressed unease with this response and asked that the dates of review are sought and recorded on the YP file. Acting registered manager will address this at monthly Governance meeting with the trust to agree that these dates are provided by the end of December 2025.

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



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