The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048838

30 September 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:** Belfast Health and Social Care Trust	**Manager status:** Not registered-application submitted
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 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 30 September 2025 between 9.00 a.m. and 4.50 p.m. The inspection was conducted by two care inspectors.

The service was registered with the Regulation Quality and Improvement Authority (RQIA) on 6 June 2025 with a condition. The condition stipulated that short breaks must operate as outlined in the Statement of Purpose, subject to ongoing risk assessment with respect to staffing and the environment. The condition also included an expiry date, after which the service would cease to operate.

This aim of this inspection was to inform assessment of an application submitted by the provider to extend the operation of the service for a specified time period.

The inspection concluded that the service provided a safe and supportive environment, with appropriate staffing, training, and care arrangements in place for the delivery of short breaks. Young people had access to recreational and sensory facilities. Maintenance and refurbishment issues identified during the inspection were promptly addressed.

RQIA determined the application would be approved, subject to the provider's agreement to an amended condition on the registration of the service, which extended the operation of the service for a specified time period. Engagement with the provider to confirm this agreement were still in progress at the time of writing this report.

The inspection resulted in two areas for improvement being identified with regard to care plans and restrictive practice records.

The findings of this report will provide the manager 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.

The findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with a senior manager and staff on the day of inspection and met with the manager following the inspection. No young people were available on the day of the inspection to meet with the inspectors.

Staff spoken with reported they enjoyed their role and the staff team were motivated to provide a positive experience for the young people during their short breaks.

They described the team as focused on keeping young people safe while also supporting them to engage in activities and have fun. Staff feedback, along with a review of debrief and team meeting records, confirmed the leadership and management approach described by the senior management team. This evidenced a supportive and reflective culture, with managers being

visible, approachable, and working alongside staff to mentor, coach and problem solve, particularly during transitions or periods when young people were dysregulated.

Questionnaires were provided to the senior manager to share with staff, young people, and parents/representatives. No returned questionnaires were received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to this service was a pre-registration inspection undertaken on 7 May 2025 by a care inspector and resulted in no areas for improvement.

5.2 Inspection findings

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

Transition planning and engagement with parents were identified by the senior manager as key factors in supporting positive experiences for young people accessing the short breaks service. Records evidenced that young people were supported through individualised transition plans, enabling staff to develop a clear understanding of each young person's individual needs, routines and preferences. This promoted continuity of care, supported a responsive approach, and helped reduce anxiety during periods away from home.

There was an emphasis on ensuring that young people had positive experiences and access to activities during their short breaks. Staff actively sought to provide opportunities for recreation and skill development that were appropriate to each young person's abilities and interests.

Documentation was in place to guide staff, outlining assessed care needs and positive behaviour support strategies for each young person. Review of incident records, daily logs and discussions with the management team and staff confirmed that a range of strategies had been implemented effectively.

However, care plans required further development to ensure they were updated and specific to the short break setting and incorporated risk assessments for outings or specific activities where appropriate. They should also evidence they have been agreed and ratified with parents and the relevant multidisciplinary team. An area for improvement was identified.

Whilst relevant restrictive practices required to address identified risks were recorded in individual care plans, inspectors were unable to evidence that these had been formally agreed and regularly reviewed by the multidisciplinary team. Strengthening the recording and review of restrictive practices is necessary to ensure robust governance, transparency, and compliance with regulations, standards and best practice. It will also provide assurance that restrictive practices are applied appropriately, in accordance with the least restrictive approach, and that

clear strategies for reduction are in place where relevant. An area for improvement was identified.

The service had systems in place to record, investigate, and review incidents, ensuring learning was applied to address any emerging risks and inform ongoing care planning.

Effective handover systems are integral to ensuring young people receive the right care, they support the transfer of accurate and current information regarding what worked well, what did not, and any issues or concerns arising during each short break. Whilst handover records were in place, the format and level of detail varied. Handover records should be reviewed to ensure they routinely capture key information about each young person's short break experience. Enhancing these records will help ensure that relevant information is reflected in care plans, inform preparation and planning for future visits, and where necessary supports timely escalation to the multidisciplinary team to inform decision making regarding the young person's ongoing needs.

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

As this is a temporary service, an identified group of staff from other children's homes were allocated to work shifts across this service and their substantive homes. A review of previous and proposed staff rotas demonstrated that these arrangements helped to promote continuity of care for the young people. Discussions with the manager and senior manager provided assurance that appropriate management oversight and support arrangements were in place to maintain safe staffing.

Staff had access to a robust induction process and shift coordinators had been identified and were subject to a competency assessment, providing additional assurance that they were suitably skilled and knowledgeable to oversee day-to-day care.

An updated training matrix was submitted to RQIA following the inspection which evidenced high levels of compliance with required training for all staff working in the service. The availability of a service specific training matrix enables the manager to oversee, audit and review staff training, ensuring that those working in the service have the knowledge and skills required to fulfil their roles and responsibilities effectively.

Staff had access to regular team meetings and debrief meetings. These forums provided opportunities for reflection, sharing of learning and promoted consistent approaches to meeting young people's needs. This helped ensure that staff remained informed and supported in their roles. The availability of structured support contributes to a positive learning culture within the team, reinforcing safe and effective care.

Whilst staff were reported to have access to regular supervision, it was noted that the responsibility for supervision could vary from month to month depending on the pattern of deployment across services. Advice was provided to the senior manager to review these arrangements to ensure a more streamlined and consistent approach, enhancing continuity of supervision, oversight of actions, and early recognition of staff development or support needs. The senior manager agreed to implement this review.

Overall, staffing arrangements were found to be appropriate to support the delivery of safe care.

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

Records and discussions with the management team confirmed that young people had access to a safe outdoor space and opportunities for physical activity and recreation, supporting their wellbeing and engagement. A sensory room was also available, providing a space for regulation and therapeutic activities. Post inspection, evidence was received that maintenance and refurbishment issues identified during the inspection had been addressed, ensuring that the environment remained safe, welcoming, and suitable for the young people attending the service.

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 senior 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 16 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that all restrictive practices recorded in individual care plans are supported by clear evidence of agreement and ratification by the multidisciplinary team and parents, as appropriate. Processes should be in place for regular review, with records demonstrating oversight and monitoring to provide assurance that restrictive practices are applied appropriately and consistently, and in line with regulatory standards and best practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: As agreed during the inspection, the service will use the restrictive practice forms and processes that the other homes use. This reflects the rationale of the restriction and will be discussed and signed by parents, manager and community social worker. The manager will also share with the other professionals supporting the child and family for comment to

	promote, where applicable, consistency in practice across Trust settings. All children availing of short breaks in the Children's Home now have the forms in place. They will then be discussed and reviewed at LAC reviews.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that care plans are updated to reflect the assessed needs of each young person within the short break service. Plans should include risk assessments for specific activities or outings where appropriate, and evidence agreement and ratification with parents and the relevant multidisciplinary team. Ref: 5.2.1
	Response by registered person detailing the actions taken: All care plans have been reviewed and will continue to be reviewed as our understanding of the children's needs increase. There is risk management sections in the individual care plans which is a summary of the standalone risk assessments. There are also generic risk assessment and individual risk assessments in place. These are reviewed as and when required and are part of the monthly auditing system in place in the home. All care plans are discussed with parents and the service will ensure they are signed by parents to evidence this.

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





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