The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048836

29 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 Home **Provider Type:** Health and Social Care Trust **Located within:** Belfast Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home have had adverse childhood experiences, which has resulted in them requiring 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 29 October 2025 between 08:50 a.m. and 04:15 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.

The inspection also focused on the arrangements in place to promote the health and wellbeing of the young people; and included review of the involvement of the young people in decisions regarding their health and wellbeing.

Three areas for improvement identified at the last care inspection were assessed as met in relation to; recruitment practices, medication storage and care documentation.

Three new areas for improvement were identified regarding medication management, audit and policy documentation.

Young people were supported by a stable, and experienced staff team. Observation of care and interactions with staff and young people identified a dedicated staff team who had a detailed understanding of the young people's individual needs. Young people were spoken to respectfully and positive relationships were evident.

The inspection findings concluded that that care was safe, effective and compassionate 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.

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 management team were visible role models and their leadership approach supported a culture that was respectful and supportive to staff. Staff spoke positively about the support they received from the management team.

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

4.0 What people told us about the service

The inspector spoke with young people and staff on the day of the inspection.

Feedback from young people confirmed they enjoyed living in the home, and they had good relationships with staff. They described mutual respect between staff and young people and confirmed they could discuss concerns with their key worker as well as other staff. Young people also advised they were encouraged to progress their educational choices and were included in discussions regarding transition out of the home into supported accommodation projects.

Feedback from staff concluded that they enjoyed working in the home and they described good support from the management team. Staff had regular supervision and an open door approach to supervision was encouraged. Staff reported a robust induction programme with time given to review care documentation and to get to know the young people.

Staff confirmed 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 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 staff working together to ensure young people were supported effectively to attend review meetings, and were included in all aspects of their care.

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 11 September 2024</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 25 (3) (f)

Stated: First time

To be completed by:
23 October 2024</td><td>The registered person shall ensure that evidence is available that all staff working in the home have been subject to safe and robust recruitment practices.

The responsible person shall ensure evidence is accessible that verifies staff employed in the home have been subject to robust safe recruitment practices in accordance with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. This evidence should be available to review on inspection.

Ref: 5.2.2</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</th><th>Validation of compliance</th></tr>
</table>

Area for Improvement 1 **Ref:** Appendix 1, Standard 3 **Stated:** First time **To be completed by:** Immediate and ongoing (22 August 2024)	The registered person shall ensure that the temperature of the medicine storage area is monitored and recorded daily to ensure that medicines are stored in accordance with the manufacturers' instructions. Ref: 5.1 **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 2 **Ref:** Standard 17.3 **Stated:** First time **To be completed by:** 23 October 2024	The registered person shall ensure care documentation, specifically ICSPs, are up to date, frequently reviewed and representative of the current risks so that they can effectively guide staff's practice. Ref: 5.2.1 **Action taken as confirmed during the inspection**: This area for improvement was met.	**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 implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) had been progressed within the home with positive effect. The assessment of young people's health and wellbeing needs and their progress against their goals was supported by this framework.

Review of risk assessments confirmed they were strengths based, identified potential risks, and described the agreed intervention strategies to be used in an effort to reduce the risk of harm.

Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. Actions that restrict young people should have clear justification based on a robust assessment of risk; with clear evidence that the restriction is proportionate. Records confirmed the restrictive practices in place, who was involved in the decision-making process, and evidence was available restrictive practices were subject to review. There was also evidence of the young person's involvement in the process.

A training matrix was in place to monitor compliance with training, and each staff member had an individual training plan. The management team reviewed training on a regular basis and planned training was available for each member of staff. The management team confirmed that

training and learning opportunities for staff were supported and staff were actively encouraged to attend training.

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

The home was clean, tidy, warm and well maintained. There were a number of communal areas, which young people could use and plans were in place for a quiet space/sensory area to be made available where young people could relax and enjoy some quiet time. Young people advised that they had been involved in the design of this area and how this space would be furnished. The involvement of young people in the design of their living environment promotes the message that their views and opinions are valued and strengthens their sense of ownership of their own home.

A games room and gym were also available where the young people could spend time with staff or other young people in the home. The kitchen was accessible to young people where they could prepare snacks and a large dining room was situated beside the kitchen where staff and young people could enjoy meals together.

Young people's bedrooms were not viewed however, young people advised they were able to personalise their bedrooms according to their own preferences.

A large garden was well maintained and an ice-bath was available for young people to use as well as a wood-fire, which had been used on a number of occasions in the summer months.

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

Young people's care records and risk assessments were reviewed. Health needs were clearly identified within records and referrals to health professionals and other agencies were documented.

The Looked After Children's (LAC) Nurse provided support, advice and training for specific health issues, identified relevant health promotion sessions and arranged appointments as required for the young people. Staff reported that they had good relationships with the LAC nurse, they were able to contact them as and when required and that they interacted well with the young people.

Young people also had the opportunity to share information regarding what was important to them, their goals, strengths, feelings, and hopes for the future; as well as what would make them feel comfortable within the home.

Care Network Meeting minutes confirmed discussion took place regarding young people's holistic needs, with goals and corresponding actions identified. Young people were actively encouraged to attend review meetings however did not always wish to do so. This is good practice and ensured that young people were active participants in their own care planning.

5.2.4 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, team meetings and supervision arrangements were in place. These forums supported effective communication and provided 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.

Discussion with staff and review of team meeting minutes confirmed staff were encouraged to discuss concerns, ideas, 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 discussed at the team meeting. Records reflected staff appreciated an open and supportive culture within the home; and there were plans in place to develop a team wellbeing plan.

Learning from complaints and incidents were shared at the team meeting with learning actions identified and progressed.

It is important that feedback from young people is captured and acted upon to shape how care is delivered in the home and any improvements made. This approach empowers young people to have ownership over their own lived experience in the home. The young people confirmed they were encouraged to raise concerns with staff and that they would be dealt with in a respectful way. The manager advised that young people's meeting were held on a regular basis with young people encouraged to discuss what was working well and what could be improved within the home.

Medication Records were available to support and direct staff in administration of medications to young people within their care. Review of these records confirmed they were not always completed as per the providers Medication Policy, specifically in relation to home remedies, the requirement for recording sheets to be signed by two staff members, and ensuring medication kardexes included information relating to allergies. These matters were discussed with the manager and identified as areas of improvement.

The use of audits supports a systemic and structured approach to assess, evaluate and improve the quality of care therefore need to be completed accurately. A medication audit was also in place however, this had not identified the discrepancies identified regarding medicines management. This was also identified as an area for improvement.

Policies were sampled. The Medication Policy was not dated, and The Ligature Policy had not been reviewed within timescales. This was identified as a further area for improvement.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023)**

	Regulations	Standards
Total number of Areas for Improvement	0	3

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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Appendix 1 Standard 2 **Stated:** First time **To be completed by:** 31 October 2025	The responsible person shall ensure that identified medication documentation is completed accurately as per Medication Policy: • Known allergies must be recorded on medication kardex accurately. • Non prescribed medicines are recorded in accordance with the policy. • Medication recording sheets requires signatures from both staff members involved in administering the medication. Ref: 5.2.4
	Response by registered person detailing the actions taken: This has been completed. All actions above on the QIP have been raised with staff in supervision to action immediately. The actions above have been raised and agreed for immediate action at a Team Meeting on 12.01.26. Management will audit the medication folder on a weekly basis to ensure compliancy with the actions highlighted above.
Area for improvement 2 **Ref:** Appendix 1 Standard 1 **Stated:** First time	The responsible person shall ensure that audits regarding medications are completed accurately and any required actions identified. Ref: 5.2.4

To be completed by: 31 October 2025	**Response by registered person detailing the actions taken:** This has been completed. Management will audit the medication folder on a weekly basis. Should there be any issues, this will be raised with staff through supervision and team meetings. One of the Deputy Team Leaders has been assigned to monitor that the audits are taking place.
Area for improvement 3 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 30 November 2025	The responsible person shall ensure that the Policies and/or Guidance identified are dated and/or up to date • Medication Management Policy • Use of Ligature Cutters (2015)
	Response by registered person detailing the actions taken: This has been completed. The most recent Medication Management Policy and use of Ligature Cutters policy are in the respective folders for ease of reference to staff. The policies are also in electronic form on the shared drive for staff to access.

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



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