The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048762

16 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:** – South Eastern 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 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 16 October 2025 between 9.30 a.m. and 4.30 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. Areas for improvement in relation to fire risk assessments and recording practices relating to restrictive practices were assessed as met. One area for improvement in relation to governance arrangements with respect to restrictive practices was not met and therefore stated for a second time.

Young people were supported by a stable, experienced and qualified staff team. Staffs approach was young person centred and informed by a comprehensive assessment of the young people's needs and effective communication between staff.

Areas requiring improvement were identified in relation to environmental restriction monitoring arrangements, staff training and staff supervision oversight arrangements.

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 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. 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 and staff.

Young people told us that they liked living in the home and that they had good relationships with staff.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and the support available to them from the management team.

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 18 December 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 31 **Stated:** First time	The responsible person shall ensure that the service has a current fire risk assessment in place and maintain evidence that the actions arising as a result of the assessment are actioned. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met	
Area for Improvement 2 **Ref:** Regulation 16 **Stated:** First time	The responsible person shall ensure that a written record is made following the use of a restrictive practice and reported to relevant others as appropriate. Recording and reporting practices should be in line with the provider's policy and procedure, professional standards and codes of practice. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met	
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 **Stated:** First time	The responsible person shall ensure there are adequate monitoring and oversight arrangements in place, to ensure; • Actions that restrict young people have a clear justification based on a robust assessment of risk; • Clear evidence is available that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and has been agreed with the multi-disciplinary team, the young person and relevant others.	**Not met**

	• A robust review mechanism is in place which considers the effectiveness and impact of the restrictive practice. Ref: 5.2.1	
	Action taken as confirmed during the inspection: This area for improvement was not met and was stated for a second time.	

5.2 Inspection findings

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

Discussions with staff and the management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led.

The use of physical interventions were considered by the manager and staff to be a last resort, implemented only when necessary and in proportion to the potential risk of harm. Records evidenced robust monitoring and oversight arrangements were in place to review staff practice and ensure they remained proportionate and responsive to young people's needs.

Environmental restriction records did not provide the level of assurance required to demonstrate the restrictions implemented were; based on an up to date assessment of risk, proportionate, agreed by relevant others, in place for the least amount of time, with a reduction plan in place as necessary. An area for improvement was identified.

Review of records and discussions with the management team confirmed that prior to any young person's admission to the home, the decision was informed by a comprehensive assessment of the young people's needs and wishes. The young person's needs were accurately matched to what the home could offer...

Handover records are a key communication tool between staff members across shifts to ensure that essential information is shared effectively. The handover records were sufficiently detailed and consistently completed to promote effective communication between staff.

Young people's records were well organised, easily accessible, and routinely updated to ensure staff remained informed about each young person's individual needs and agreed care and risk management plans. The records sampled were personalised, outcome focused and reflected a coordinated approach by those involved in the young person's care.

Meals provided within the home reflected the preferences and dietary needs of the young people and staff encouraged young people's participation in meal preparation.

Young people's meetings occurred on a regular basis. The young people also had frequent visits from the Voice of Young People in Care (VOYPIC) advocacy service. The advocacy model in place promoted a culture within the home that was child centred and encouraged and maximised the participation of the young people in every aspect of decision making about their care, welfare and environment.

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

Responsive staffing arrangements are essential to; safeguard and promote the health and wellbeing of the young people and adhere to safety plans. The manager described the staffing levels, which had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced staffing levels were consistent with the levels described; and were reviewed on an ongoing basis to ensure they remained consistent with the needs of the group of young people in the home

Staff advised that prior to the inspection there were not adequate transport arrangements in place. The home's vehicle was not available, a replacement vehicle had not been provided and not all staff had the required insurance to use their own vehicles to transport young people. This has the potential to impact on the ability of staff to respond to an emergency situation in a timely manner to ensure young people's safety. The home was reliant on borrowing a vehicle from another home, which was subject to availability or rely on the use of public transport.

This situation was resolved on day of inspection with the return of the homes vehicle. Progress with this will be monitored via monthly monitoring reports and future inspection activity. Monthly Monitoring reports are provided in accordance with schedule 6 of The Children's Homes Regulations (Northern Ireland) 2005. The report provides a review of the overall quality of the care provided within the home by the care provider.

Training which is responsive to the needs of the children and of the staff team contributes to building upon staff confidence, skill and resilience, and further ensures staff are equipped to meet any complex needs within the resident group. Discussions with the management team and a review of the staff training matrix identified gaps in relation to essential training. This training is necessary to ensure all staff are skilled and equipped to deliver child centred, safe and effective care and support. An area for improvement was identified.

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

The home overall was well maintained and presented as a comfortable, welcoming space. The external environment was equipped with age appropriate equipment to ensure it was a safe and pleasant setting for the young people to spend time. Some environmental damage, whilst visible was being addressed. Progress with this will be monitored via monthly monitoring reports and future inspection activity.

Fire safety records evidenced that fire safety checks, fire drills and fire training were completed regularly. A current annual fire risk assessment was in place with the associated action plan completed. A follow up annual review of fire risk assessment and been completed, the report

had had not yet been made available to the manager. This was confirmed as received post inspection by the manager.

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

Induction was provided for staff. This provides assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the young people in the home. A robust induction process will not only benefit newer members of staff with integrating into their role, but it will also help promote a consistent approach in relation to daily practices within the home.

Review of staff records identified that the manager did not have full access to all agency staff recruitment information and associated documents to ensure adherence with Regulation 25 (3) Schedule 2 Information of The Children's Homes Regulations (Northern Ireland) 2005. Advice was given that the provider review these arrangements and consider their effectiveness. This will be reviewed during future inspection activity.

The management team convene regular team meetings. Team meetings are crucial for fostering a collaborative child centred approach, they provide opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to care.

The manager described providing regular supervision to staff. There was not necessary assurance available on the day of inspection that there were robust governance arrangements in place to monitor and review compliance with the supervision model adopted by the provider. An area for improvement was identified.

Review of rewards and consequences records confirmed that clear records were maintained of measures taken by staff to promote and encourage positive behaviour responses by the young people. The manager proved assurance that records were monitored. Advice was given that a recording mechanism be developed to provide verification of overarching managerial oversight. This would provide further assurance that the home adopts a proportionate and consistent approach to behaviour management

Complaints records showed good governance arrangements were in place and that there was a robust approach to the investigation and resolution of complaints.

Discussion with the manager confirmed that a permanent manager had been appointed. This should strengthen the leadership arrangements in this service which is essential to embedding strong governance structures; ensuring effective oversight, and strengthening the direction and support provided to staff; all of which will promote positive outcomes for the children and young people if embedded and sustained.

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*

*The total number of areas for improvement includes one standard 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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 16 **Stated:** Second time **To be completed by:** 16 December 2025	The responsible person shall ensure there are adequate monitoring and oversight arrangements in place, to ensure; • Actions that restrict young people have a clear justification based on a robust assessment of risk; • Clear evidence is available that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and has been agreed with the multi-disciplinary team, the young person and relevant others. • A robust review mechanism is in place which considers the effectiveness and impact of the restrictive practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: This response contained service identifiable information and therefore has not been included in this report.
Area for improvement 2 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 16 January 2026	The responsible person shall ensure that all staff complete up to date training in Safeguarding, Child Sexual Exploitation and Deprivation of Liberty training to ensure compliance with the practice model adopted by the home. Ref: 5.2.2
	Response by registered person detailing the actions taken: The home training analysis has been reviewed with a training plan being created. Areas of improvement noted in the inspection have been made with regards to the mandatory

	training needs of staff. The Trust have released CSE training dates for 2026 and the plan for staff completion by by end of February 2026. The staff team have completed Deprivation of Liberty training and are in the process of completing safeguarding training. The plan has provided assurance that safeguarding training will be completed by the staff team by mid- January 2026. The management of the home maintian oversight of the training matric and will encourage professional development through the identified needs and gaps during supervision and team meeeting. In addition to this clear rota planning to accommodate the training needs will occur.
Area for improvement 3 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 16 December 2025	The responsible person shall ensure that there is a system in place which effectively monitors staff compliance with supervision policy in operation within the home. Ref: 5.2.4
	Response by registered person detailing the actions taken: The service supervision plan has been completed and the home managers are internally reviewing compliance on supervision planner, identifying plans for supervision utilising individual, group, peer supervision and attendance at forums with the pro rata requirements. The addition of a substantive Team and Deputy Team Leader will provide an additional layer of consistent and stable supervision to the staff members. Both managers will provide a safe space, support and accountability to the work being completed and undertaken in the home. The supervision planner will be reviewed by the home managers. Challenges in meeting this can be escalated to the PSW through governance checks and meetings.

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