The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048880

9 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.	

2.0 Inspection summary

An unannounced inspection took place on 9 October 2025 between 9.30 a.m. and 6.30 p.m. 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.

The inspection found that two areas for improvement identified at the last care inspection were met, in relation to, the statement of purpose and restrictive practices. Two areas for improvement identified at the last medicines management inspection were not assessed as part of this inspection and are carried forward to the next inspection. No new areas for improvement were identified as part of this inspection.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

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 on the day of inspection.

Feedback from staff confirmed there was good support available from the management team, and an open culture which supported staff to express their views on matters relating to the running of the home. Staff reported that the care provided to young people was person centred and compassionate. Specific issues raised by staff were fed back to the manager at the conclusion of the inspection. The inspector followed up with the manager post inspection to ensure appropriate follow up action had been taken in relation to these issues.

Feedback from young people provided a positive view regarding the relationships between young people and staff. They reported that staff were approachable, attentive and engaged young people in activities. Young people reported that the home was comfortable and that their views were considered and contributed towards the running of the home.

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 23 October 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 20 (1)	The registered person shall ensure that medicines requiring cold storage are stored at the manufacturers' recommended temperature (2ºC – 8ºC).	**Carried forward to the next inspection**

Stated: First time	The maximum, minimum and current refrigerator temperature should be recorded each day and the thermometer then reset. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**	
Area for improvement 2 **Ref:** Regulation 20 (1) **Stated:** First time	The registered person shall ensure that Staff verify each young person's medication regimens at/prior to admission. Any discrepancies between this list and the medicines supplied on admission should be clarified with the prescriber. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**
Area for improvement 3 **Ref:** Regulation 5 **Stated:** First time	The registered person shall ensure that an application to vary the registration of this service must be submitted to RQIA without further delay. This application must be accompanied by an updated Statement of Purpose and Service User Guide which clearly describes the needs of children and young people that can be met in this service. **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**
Area for improvement 4 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure that actions that restrict young people should have clear justification based on a robust assessment of risk; with clear evidence 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 also required which considers the effectiveness and impact of the restrictive practice.	**Met**

	Action taken as confirmed during the inspection: 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?

Young people's daily logs identified that the quality of recording was of a good standard and the detail reflected the young people's lived experience. These records, along with feedback from staff, provided assurance that the staff team were committed to engaging with the young people in a therapeutic manner. Discussions with staff confirmed they knew the young people well, how they liked to be cared for, and the agreed strategies that promoted their safety and wellbeing.

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments, safety plans and Individual Crisis Support Plans. Evidence was provided that these records were regularly reviewed and updated and were reflective of the current risks and needs of the young people. These records provided assurance that the home had robust systems in place for managing and responding to risks.

Evidence was available of staff regularly providing an opportunity for the young people to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care. Promoting young people's involvement and active participation in this process is essential for supporting them to influence the way they are cared for and reinforce that their views and opinions matter.

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

Young people thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships. Sampling of the rota and discussion with the management team confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people. Discussion with staff identified that there were positive and therapeutic relationships between staff and young people in the home.

Training records submitted post inspection provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in areas such as safeguarding, therapeutic crisis intervention and fire training, all of which support staff to deliver safe, effective care and support.

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

The home was nicely decorated and presented as a comfortable, homely space for young people to live; with soft furnishings being utilised to create a welcoming environment. Young people reported that their bedrooms were decorated in line with their wishes and feelings and that they were happy with the quality of the environment. A well maintained and welcoming outdoor space was also available to the young people.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. The fire risk assessment was up to date and the associated action plan had been completed.

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

Actions that restrict young people must have clear justification and be based on an assessment of risk, which evidences that the restriction is needed and proportionate. Restrictions must be regularly reviewed by a multi-disciplinary team and informed by consideration of young people's rights. Restrictive practice records sampled during and post inspection identified that restrictions which were being implemented within the home were supported by a robust framework of recording, which evidenced decision making and review.

Team meetings occurred on a regular basis; they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people. Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.

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.**

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 20 (1) **Stated:** First time **To be completed by:** Immediate and ongoing (9 February 2023)	The registered person shall ensure that medicines requiring cold storage are stored at the manufacturers' recommended temperature (2°C – 8°C). The maximum, minimum and current refrigerator temperature should be recorded each day and the thermometer then reset. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 20 (1) **Stated:** First time **To be completed by:** Immediate and ongoing (9 February 2023)	The registered person shall ensure that staff verify each young person's medication regimens at/prior to admission. Any discrepancies between this list and the medicines supplied on admission should be clarified with the prescriber. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

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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