The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048887

20 February 2026

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:** Registered
Brief description of how the service operates: The children and young people 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. Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service. The application sought to reduce the lower age range of this home's current registration. This application remained under review at the time of writing this report.	

2.0 Inspection summary

An unannounced inspection took place on 20 February 2026 between 9:30 a.m. and 5:30 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. Three areas for improvement identified during the previous care inspection in relation to governance mechanisms, furnishing and equipment within the home, and health and wellbeing plans were assessed as met. No new areas for improvement were identified.

The inspection process also included assessment of the application made to RQIA to vary the registration of this service; and the arrangements in place to ensure service provision was aligned to the proposed statement of purpose (SOP). This application remained under review at the time of writing this report.

The inspection findings concluded that there were robust systems in place to support the team to deliver quality care to young people, underpinned by effective multi-disciplinary working.

The staff team were proactive in meeting the needs of young people; adapting their approach to caring for young people in accordance with their age and stage of development.

There was evidence of a safe, nurturing, therapeutic environment that was outcomes focused and strengths based. Dynamic risk assessment was evident with appropriate consideration given to minimising restrictive practices. Records sampled, alongside discussions with management and staff, demonstrated a team that was responsive and adaptable in their approach, with a clear understanding of the impact of trauma on the young people's behaviour and overall wellbeing.

The management team was reported to be both visible and accessible. This leadership approach contributed to a positive culture characterised by openness, mutual respect and support for both young people and staff.

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.

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 the management team, young people, staff and a visiting professional on the day of the inspection.

Young people reported positively on their experiences within the home, stating that they felt safe and well cared for. They described staff as kind, attentive, and supportive.
Young people confirmed they were provided with a range of opportunities, and were encouraged to participate in activities they enjoy within the local community. One to one time with staff was available to them to meet their individual needs in a meaningful way.

The inspector observed the young people and their interactions with staff. The young peoples' body language presented as relaxed and content. Staff were compassionate, warm, respectful and caring in their interactions with the young people. The young people were also encouraged by staff to voice their opinions to the inspector on the day of inspection.

Staff provided a positive view of the service with team members expressing appreciation for the opportunities provided to them, and the support available from colleagues and from the management team. Staff highlighted the value of diverse approaches within the team, which they stated contributed positively to meeting the needs of young people.

Staff reported a strong culture of reflection, staff supervision was said to be regular and considered beneficial, the management team were described as supportive and they confirmed they could raise concerns with the management team.

Staff feedback reflected a collective leadership approach, that was underpinned by a positive staff culture; and a commitment to promoting young people's safety.

Visiting professionals spoken with also reported a positive experience of the home, describing staff as skilled in supporting young people to regulate their emotions and that they adopted a nurturing, trauma-informed and young person-centred approach. Communication was identified as a mechanism that supported effective working relationships. Overall, the staff team were described as adaptable, confident and competent in managing risk.

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 6 March 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 11 **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that the children's home is conducted so as to promote and make proper provision for the welfare of children accommodated there. This should include robust internal and external governance mechanisms, with respect to incident and risk management and safeguarding arrangements.	**Met**

	Ref: 5.2.1 **Action taken as confirmed during the inspection**: This area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that all parts of the children home are suitably furnished and equipped. Ref: 5.2.1 **Action taken as confirmed during the inspection**: This area for improvement was met.	**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 6.1 **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that children and young people's health needs are assessed regularly and robust health plans are put in place. Ref: 5.2.3 **Action taken as confirmed during the inspection**: This area for improvement was met.	**Met**

5.2 Inspection findings

5.2.1 How well are young people cared for and protected?

The inspection findings provided assurance that the staff and management team had an in-depth knowledge of the young people. The care observed on the day of the inspection was young person centred and fostered a culture within the home that was supportive, inclusive and respectful.

Young people were encouraged to have their say, and this was communicated through team meetings and in handovers to ensure their voice is heard. There were regular opportunities for young people to meet with an external advocate.

Trauma informed practice was embedded within this service and was evident across documentation sampled.

It was clear that staff understood the individual needs of the young people, and were mindful of the impact of their actions on group dynamics in the home and on each young person's lived experience. Staff expressed pride when describing young people's positive outcomes and achievements; and it was evident they were committed and motivated to ensure young people fulfilled their potential.

Regular keywork sessions with young people enables dedicated and structured time for meaningful one to one support from staff. These sessions can help young people to feel heard, supported and understood. Keywork sessions were tailored to meet the individual needs of young people, ensuring that they remained relevant and purposeful. Topics explored included emotional safety, promoting healthy eating and clarifying the role of staff within the home. This demonstrated a responsive approach to care where targeted support is provided to enhance young people's understanding, resilience and overall wellbeing. It also demonstrated staff's ability to identify emerging needs and adapt keywork content accordingly, contributing to positive developmental outcomes and strengthening trusting relationships.

Review of incident records and discussion with the management team provided evidence that staff took appropriate and timely actions to minimise risks to the young people, incidents were reported to relevant others as appropriate, and there was evidence of effective governance and oversight by the management team. Delay in reporting notifiable events to RQIA, in line with The Children's Homes Regulations (Northern Ireland) 2005, was discussed with the management team during the inspection. Assurance was provided that actions had already been taken by the manager to ensure future notifications of events to RQIA were done so in a timely manner. Advice was provided by the inspector to drive improvement and ensure compliance with the regulations. Progress in this area will be monitored moving forward.

Each young person had an individualised risk assessment and crisis support plan that were available for reference, and were reviewed and updated as required. Discussions with staff provided assurances they operated from a strong value base which was young person centred and rights led. Individual restrictive practice records were maintained for young people and provided a clear rationale for current restrictive practices in use in the home. Discussions with the staff team and the management team highlighted their knowledge in relation to restrictive practices, that they were implemented as a last resort, and in proportion to the risk of harm if no action is taken.

Handover records detailed the restrictive practices which had been implemented and the date/time of review, however, there was no clear documentation to evidence that the use of restrictive practices had been discussed with the wider multi-disciplinary team, where appropriate. The manager confirmed a new recording template had recently been implemented that would address this recording deficit. Progress in this area will be reviewed during future inspection activity to ensure that this process has been embedded into everyday practice.

5.2.2 How does the service ensure young people experience a safe and high-quality environment?

The home was observed to be clean and tidy, and free from any obvious hazards.

Maintaining the environment to a high standard promotes a therapeutic and safe environment in which young people can flourish, feel safe and build nurturing relationships.

Supporting young people to have meaningful involvement in how their environment is shaped can have a significant impact upon their lived experience and how they feel valued by their carers.

Young people had requested the development of a gaming room during a young people's meeting. This work had commenced, and young people were actively involved in its design. This approach demonstrated a strong commitment to promoting participation and ensuring that young people's voices were heard. It reflected the team's commitment to a young person-centred approach to care, where young people are empowered to contribute to decisions that affect their daily lives and environment.

Young people's meetings were regular, and information from these meetings was shared with staff in team meetings and handovers, with clear actions recorded and followed up. This evidenced the services ability to respond to feedback, fostering a sense of ownership, inclusion and wellbeing among the young people.

5.2.3 How does the service ensure 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. The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people. Sampling of the staff rotas demonstrated 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.

The manager described that safe recruitment practices were in place within the home. This was verified through review of staff files which evidenced the necessary information was available. Arrangements were also in place to audit staff registration with the Northern Ireland Social Care Council (NISCC). Advice was provided to the manager to ensure NISCC registration numbers missing from the matrix were added to aid auditing and to ensure robust oversight. This was actioned immediately.

Training which is responsive to the needs of the young people and to the staff team contributes to building upon staff confidence, skill and resilience, and further ensures staff are equipped to meet complex needs within the resident group. Discussions with the management team and a review of the staff training matrix identified good compliance regarding mandatory training. The manager had also sourced additional training to ensure staff were skilled and equipped to deliver young person-centred, safe and effective care aligned to the change to the registration and SOP. Advice was provided to ensure the dates of completed training in PACE (Playfulness, Acceptance, Curiosity and Empathy) and Theraplay were added to the centrally held training matrix for ease of auditing.

Review of records and discussions with the management team confirmed that prior to any new admission to the home, the decision was informed by a comprehensive assessment of the young people's needs and wishes. The inspection findings confirmed detailed impact assessments were completed in advance of admission of any new young person to the home, both in respect to planned and emergency admissions, with the staff team working to ensure any disruption was minimal and the needs of the young people who were already living in the home were fully considered. This demonstrated a proactive and reflective approach to care

planning, ensuring that potential risks, compatibility considerations, and the needs of the young person and existing residents were thoroughly evaluated.

Overall, the inspection findings concluded the staff team were committed to maintaining a safe, stable, and nurturing environment underpinned by informed decision making and adherence to best practice standards.

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

The management team advised that the implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) had been implemented within the home to positive effect. The assessment of young people's health and wellbeing needs, and their progress was supported by this framework. Records evidenced detailed information was maintained with respect to young people's specific needs, health professionals involved in the care of young people were clearly identified, and engagement with specialist teams and referrals to other agencies were documented. There was a health and wellbeing chronology held on each young person's file documenting a record of attendance at medical appointments, involvement with the Looked after Children's (LAC) Nurse and medical contact records. Evidence was also available that issues or concerns were followed up in a timely manner.

Access to multi agency professionals had been enhanced through regular Care Network meetings; and that support from the LAC Nurse was available to young people and to staff to guide them in the care of the young people. Records sampled evidenced young people were involved in the review of their health needs, and they were supported by staff to attend appointments. There was also evidence that young people were actively encouraged to take responsibility for their personal healthcare needs, with support provided when required or requested from the young people.

Overall, the service provided a well-coordinated and proactive approach to healthcare, ensuring that the young people's needs were met through effective planning, professional collaboration, and consistent implementation of therapeutic and preventative practices.

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

Robust governance arrangements, combined with reflective and restorative practices underpinned by a trauma informed approach, contributed to a safe and nurturing environment in which both young people and staff felt valued, respected and supported.

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. The inspection findings confirmed the management team convened monthly team meetings and also provided regular staff supervision; ensuring staff received appropriate support, guidance, and opportunities to discuss practice. There was also a focus on continuing professional development.

Records were accurate, contemporaneous and well-organised, with systems that were easy to navigate. An audit tool was in use that supported the manager to track attendance at team meetings, reflective practice forums and follow up with individual staff as required.
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. Documents were easily cross-referenced during the inspection process and confirmed to be completed consistently.

Records were available to support and direct staff in their interventions with the young people. These records were regularly reviewed, audited and updated and were reflective of the current risks and needs of the young people. Some of these documents were outstanding staff signatures. This was communicated to the manager and improvement in this area will be reviewed at the next inspection.

Overall, the inspection findings provided assurance the staff team were well led by a management team that were supportive, effective and visible. Staff roles and responsibilities were understood, there was effective communication amongst the staff team, and an overall culture of working together to secure positive outcomes for young people was noted.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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