The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048896

22 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:** –Southern Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home have been assessed as having physical and or 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 22 October 2025 between 10.15 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.

The inspection concluded that five of the six areas for improvement identified at the last inspection were met. One area for improvement relating to transport arrangements had not been met and was been stated for a second time. No new areas for improvement were identified.

Staff demonstrated a detailed understanding of young people's individual needs and there was evidence of positive and trusting relationships with young people. Young people were supported by a stable, skilled and experienced staff team who worked together to provide high quality care. Feedback from relatives/cares described the service as an essential support service. Staff spoke positively about the management team, the leadership they provided and support available within the staff team.

The inspector concluded that 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 the manager, staff and one parent who provided feedback on the quality of care and support in the home. No young people were present in the home at the time of the inspection as they were attending school.

Feedback from staff was positive. Staff described strong teamwork and reported that they felt well supported by the management team. Staff confirmed they felt confident to raise concerns, ask questions and seek guidance. The inspector found evidence of psychological safety within the team, with staff comfortable to speak openly in supervision, team meetings and informal discussion.

The management team reported that they felt supported and heard by the senior management team, and that communication and escalation pathways were clear and responsive.

Feedback from relatives/carers confirmed they were satisfied that care was safe, there was effective communication arrangements in place, and that the home provided an essential service for children and their wider support network.

No questionnaires or electronic surveys were returned 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 14 November 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 registered person shall ensure that the home has a current fire risk assessment in place and actions arising as a result of the assessment are responded to and that the associated action plan is updated to evidence the actions taken.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 25 (3) (f) **Stated:** First time	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 registered 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.	**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 17.1	The registered person should undertake a review to assess the impact of redeploying staff to another service on staff cohesion,	

Stated: Second time	care delivery in this home and impact of availability of short breaks on parents and young people. The outcome of this review should be used to inform future planning in relation to the provision of short breaks within this home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 22.2 **Stated:** First time	The registered person shall ensure a review of the transport arrangements is carried out to assess the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the young people.	**Not Met**
	This area for improvement has not been met and is stated for the 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?

Care plans, risk assessments, behaviour support plans and communication passports reviewed were comprehensive, detailed and up to date. Records contained clear information about each young person's individual needs, preferences and routines, and were reviewed regularly to ensure they reflected current assessed needs.

Daily logs evidenced a rich account of young people's lived experiences during their short breaks, including information about activities, education, contact with relatives/carers and emotional wellbeing. Staff demonstrated a detailed understanding of the needs of the young people they supported and spoke confidently about how they adapted care to meet changing needs.

There was consistent evidence of multi-disciplinary working with relevant community and specialist services. Advice from external professionals was incorporated into care planning, and learning from incidents was discussed within the team to support improvement and ensure positive outcomes.

Restrictive practices were clearly documented, proportionate and regularly reviewed with appropriate authorisation in place when required. Actions that restricted young people had clear justification and were based on the assessment of risk. Where appropriate, the Deprivation of Liberty Safeguards (DoLS) process had been followed to ensure young people's rights were being upheld. Staff clearly understood the young person's rights and demonstrated a child centred approach.

Staff presented as skilled, knowledgeable and child-centred, and demonstrated genuine care and commitment to the young people and their relatives/carers. They promoted independence and choice wherever possible and ensured that the views of young people and their relatives/carers were understood and respected.

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

Staff rotas confirmed that staffing levels were consistent with the assessed needs of the young people and aligned with the home's Statement of Purpose (SOP). There was always a registered nurse on duty supported by an appropriate number of residential support workers.

The staff team was stable, which supported continuity of care and consistent knowledge of the young people. Staff reported that they received a thorough induction and ongoing training relevant to the needs of the young people. Mandatory training compliance was high, and staff described feeling confident in their roles.

Supervision, appraisal and team meetings were held regularly, providing structured opportunities for reflection, development and communication. Staff reported that they felt comfortable raising concerns, contributing to improvement discussions, and that the management team valued their views.

Staff continued on occasion to provide cover in another service. However, inspection findings confirmed that the senior management team had listened to concerns raised about the impact this previously had on the home and on short breaks provision. Staff reported that cover arrangements were now planned and risk assessed, and that the impact on service delivery had significantly reduced.

The inspector was assured that staffing arrangements supported the delivery of safe, consistent and high-quality care.

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

The home was well maintained, clean and welcoming, and presented as a comfortable and homely environment. Communal areas were bright and child-friendly, and bedrooms were personalised to reflect the preferences and interests of the young people accessing short breaks service. The garden area was safe and well equipped, providing opportunities for outdoor play and relaxation.

The most recent fire risk assessment was available and confirmed as current. Fire safety checks and drills were completed regularly in line with policy, and records were well organised

and available for inspection. This had previously been identified as an area for improvement and has been assessed as met.

Viewing panels had been installed in identified communal doors following the last inspection. This supported safe supervision, particularly at times of distress, while maintaining privacy in bedrooms and bathrooms. This had previously been identified as an area for improvement and has been assessed as met.

Transport arrangements had been reviewed. The home currently had access to transport that was sufficient for most routine transport needs. However, the manager and staff reported that capacity remained limited at peak times such as school runs and when supporting young people with higher mobility needs. An additional vehicle had been requested and senior management were actively progressing this, though it had not yet been secured at the time of inspection. This area for improvement has been stated for a second time.

The inspector was assured that the environment promoted comfort, safety and a sense of belonging for the young people.

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

Young people accessing the service had a range of health, emotional and behavioural needs, and staff demonstrated a clear understanding of how to support these needs safely and effectively. Care documentation contained up-to-date health information including medication guidance, epilepsy care plans, manual handling plans and communication passports. Staff were knowledgeable about each young person's individual needs and were confident in describing how they adapted care on a day-to-day basis.

There was evidence of strong multi-disciplinary working, with regular contact with community teams, specialist clinicians, schools and relatives/carers to ensure consistency in care and communication. Advice from external professionals was incorporated into care planning and reviewed when needs changed.

The home had a formal clinical support structure, with an identified senior nurse available for clinical guidance and escalation. Staff reported that this arrangement was clear and accessible and provided assurance around decision-making and governance.

Medication records sampled during the inspection were well maintained, and storage arrangements were appropriate. Staff confirmed they had received medicines management training and felt supported in maintaining safe practice.

Staff spoke with pride about the positive outcomes achieved by young people and expressed a strong commitment to ensuring high-quality care and short break experiences.

The inspector was assured that systems were in place to support the health, safety and wellbeing of the young people.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from complaints/adverse incidents?

Staff were knowledgeable about the processes for reporting incidents and complaints and were confident in describing how they would escalate concerns. Incident records sampled were completed to a good standard and demonstrated timely review and follow up. Learning outcomes were discussed in team meetings and handovers, and staff reported that this supported reflective practice and service improvement.

There had been no complaints received by the home since the last inspection. Staff were confident that any concerns raised by young people, relatives/carers and any other stakeholder would be listened to and addressed promptly.

The inspector was assured that systems were in place to support reporting, review and learning.

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

There was evidence of strong and visible leadership within the home. Staff described the management team as accessible, supportive and responsive. Governance systems included oversight of training compliance, incident review, care planning, medication audits and environmental checks. Records were well organised and available for inspection.

The management team reported that they felt supported and heard by the senior management team, who had considered issues previously raised by staff. Action had been taken to strengthen planning and risk assessment processes to ensure the continued delivery of short breaks within the home.

The inspector concluded that effective governance arrangements were in place to support safe and well-led care

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified as not met and further 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	1*

*the total area for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 22.2 **Stated:** Second time	The registered person shall ensure a review of the transport arrangements is carried out to assess the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the young people. Ref 5.2.3
To be completed by: 18 December 2025	**Response by registered person detailing the actions taken:** A number of discussions have taken place with senior managers regarding the transport issues within the unit and options for purchase were looked at with finances available but unfortunately none were suitable for this purchase as it was not designated as Capital. A Business case for minor expenditure has been completed by the Head of Service for the purchase of buses for the Children with Disability Service and this was signed off by the Director of CYPWS and business case approved at SIC meeting. Ordering of Vehicles has been progressed for delivery before the end of March 2026 and the unit will receive a 9 seater bus as a addtional compliment to exsisting transport arrangements in place

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