The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048899

10 November 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:** –Western 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.

The home has a condition on its registration to provide a limited number of places for children and young people who have been assessed as having an intellectual needs/ disability and in need of medium to long term 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 10 November 2025 between 10.00 a.m. and 16.45 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.

Previous areas for improvement were reviewed and assessed as met in relation to fire safety and transport arrangements.

The inspection findings concluded that the home was providing safe and compassionate care to young people living there. Staff demonstrated a strong understanding of the young people's needs and provided care in a calm, respectful and trauma-informed manner. Staff responded consistently, in line with agreed risk management plans to meet the needs of young people and to promote their safety and wellbeing. The environment was welcoming, well maintained and reflective of a lived-in family home.

The inspector concluded that the home was well led, with strong management oversight, effective governance arrangements and a supportive culture for staff.

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. No feedback was received by RQIA via questionnaires or electronic survey post inspection.

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

4.0 What people told us about the service

The inspector spoke with staff and visiting professionals during the inspection.

Staff spoke positively about the support provided by managers and described a cohesive and experienced staff team. Staff reported that supervision, team meetings and debriefing arrangements were effective, particularly following incidents. Staff described the emotional impact of their role as significant but stated that they felt supported through formal supervision and critical incident stress management processes.

Feedback from visiting professionals highlighted positive working relationships with the staff working in the home, with good communication arrangements in place and a child-centred approach to care noted. Professionals described the staff team as committed, responsive and knowledgeable about the young people they cared for.

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 January 2025		
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 **To be completed by:** 20 February 2025	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.	
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 22.2 **Stated:** First time **To be completed by:** 6 March 2025	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, and the service. Ref: 5.2.3	**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?

Care records reviewed during the inspection were detailed and reflected young people's lived experiences. Daily logs demonstrated meaningful engagement between staff and young people and evidenced a therapeutic approach to care.

Risk assessments, care plans and Individual Crisis Support Plans (ICSP's) were in place and were regularly reviewed. These documents reflected the current risks and needs of young people and provided clear guidance to staff.

Young people's meetings were held monthly and provided opportunities for young people to express their views, influence daily routines and contribute to decision-making within the home.

Decision making regarding the admission of any new young people to the home was informed by comprehensive assessments and consideration of group dynamics. The needs of existing young people were considered prior to new young people moving into the home, and transition planning was evident for young people where relevant.

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

Staffing rotas reviewed demonstrated that staffing levels were consistent with the assessed needs of the young people. The service maintained a stable core staff team, supported by regular bank staff when required.

Induction arrangements were robust and supported staff to develop the skills and knowledge required for their role. Training records evidenced good compliance with mandatory training, including safeguarding, behaviour management and fire safety.

Supervision records demonstrated that staff received regular, structured supervision, with opportunities for reflection and professional development.

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

The home was observed to be clean, well maintained and welcoming. Communal areas were comfortably furnished and reflected a family-style environment. Young people's bedrooms were personalised and reflective of individual preferences.

Fire safety records were well maintained, with evidence of regular checks and drills. A current fire risk assessment was in place, with actions monitored by the management team.

The management of the environment supported young people's safety without unnecessarily restricting their rights. Young people were observed to move freely throughout the home and appeared settled and at ease in their surroundings.

Overall, the physical environment contributed positively to the young people's sense of safety, stability and wellbeing.

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

The inspection findings concluded that the service promoted and protected the physical and emotional health of young people. Staff demonstrated a good understanding of individual health needs and risks, including self-harm, substance misuse and emotional wellbeing. Health needs were clearly documented within care plans and risk assessments, which were reviewed regularly and updated in response to changes in presentation or risk.

Young people were supported to attend health appointments and engage with relevant health professionals, including Child and Adolescent Mental Health Services and other specialist

services where required. Records evidenced timely referrals and ongoing liaison with health professionals to support continuity of care.

Daily records demonstrated that staff monitored young people's wellbeing and responded appropriately when concerns were identified. Where young people were unwell or distressed, staff provided reassurance, practical support and sought medical advice where necessary. This provided assurance that young people's health needs were recognised and responded to in a timely and appropriate manner.

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

There were effective arrangements in place to ensure that staff could identify, report and learn from complaints and adverse incidents. Incidents, safeguarding concerns and notifiable events were appropriately recorded and escalated in line with organisational and regulatory requirements.

Records demonstrated that incidents were reviewed by the management team to identify learning and inform ongoing risk management. Staff confirmed that incidents were discussed during team meetings, handovers and supervision, which supported reflective practice and consistency of staff responses.

Complaints records reviewed during the inspection evidenced that complaints were managed in line with policy, investigated appropriately and outcomes communicated. Where relevant, learning from complaints was shared with the staff team to support service improvement.

Staff spoken with demonstrated a clear understanding of safeguarding procedures, whistleblowing arrangements and their responsibility to report concerns. This provided assurance that there was an open culture where concerns could be raised and addressed promptly.

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

The inspection findings concluded that robust management and governance arrangements were in place. The service benefitted from visible and accessible leadership, with managers providing clear oversight of day-to-day practice and risk management.

Team meetings were held regularly and were well attended. Minutes evidenced structured agendas, clear actions and allocated responsibilities. Supervision records confirmed that staff received regular, formal supervision, which included reflective discussion, review of incidents and support for staff wellbeing. Appraisal arrangements were in place and aligned to supervision processes.

A range of quality assurance systems were in operation, including audits of care records, incidents, training compliance and fire safety. These audits supported the identification of areas for improvement and informed ongoing service development.

The service operated in line with its Statement of Purpose (SOP) and within the conditions of registration. The management team demonstrated awareness of the complexity and risk within the current group of young people and had implemented appropriate oversight and support arrangements to manage this safely.

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 registered manager as part of the inspection process and can be found in the main body of the report.





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