The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048935

12 March 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:** – Northern Heath and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home may have had adverse childhood experiences, and have been assessed as in need of 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 12 March 2026 between 9:00 a.m. and 4.30 p.m. The inspection was conducted by two care inspectors.

The focus of the inspection was to assess 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.

One area for improvement identified during the last care inspection in relation to fire training was assessed as met.

During inspection, the staff team demonstrated a thorough understanding of young people's individual needs. Positive and trusting relationships were evident. The staff team demonstrated a proactive approach to developing their knowledge and skill, consistently adapting their practice to better meet the needs of the young people.

Young people were supported by a stable and experienced staff team; who were responsive to the young people's needs. They worked well together, and with the multi-disciplinary team to ensure positive outcomes for young people. Overall, a trauma informed and holistic approach to care was evident.

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

Areas requiring improvement were identified in relation to medication management and safe recruitment of staff.

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 person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with young people, the person in charge and staff on the day of the inspection.

The young people described their positive relationships with staff, and feeling happy, safe and well cared for. Young people stated that they felt supported in relation to future planning. They confirmed one to one time with staff was available to them to meet their individual needs in a meaningful way.

Young people reported liking the decoration and comfort of their bedrooms, noting that they had been fully involved in personalising their space to reflect their own tastes. They said they enjoyed the food provided in the home and were actively involved in menu planning.

Young people expressed some dissatisfaction with how frequently meetings were held. Discussion with the person in charge clarified that meetings had been held regularly; however, individual young people did not always wish to attend at the time organised. There was evidence that young people were encouraged to raise any wishes, issues, or concerns in advance of meetings so that these could be discussed and recorded in their absence.

Feedback from staff members included positive views with regards the support they received from their managers, the systems in place to support and safeguard young people from harm, and the ability of the team to provide therapeutic care to young people. Staff spoken with described a nurturing and reflective culture that benefitted both young people and the staff 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 6 February 2025		
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:** Second time	The registered person must ensure all staff have completed fire safety training. Ref: 5.1 and 5.3	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	

5.2 Inspection findings

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

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 was heard. There were regular opportunities for young people to meet with an external advocate. Advice was provided to the person in charge to ensure that clear action plans, including identified outcomes from previous meetings, are documented in a timely manner, and that progress and follow up actions are consistently recorded within team meeting minutes. This will ensure clear accountability, effective monitoring of progress, and improved continuity in practice. Progress in this area will be reviewed during future inspection activity.

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 and 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 budgeting and money management, emotional safety, life story/life space work, online safety, group dynamics and safe travel. 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.

Each young person had individualised risk assessments and crisis support plan that were available for reference, and were reviewed and updated as required. Some assessments were noted to be in differing formats, making the information harder to navigate. The information was available; however, it was not always easily accessible. Some documentation was also outstanding date of review and signatures. Advice was provided to the person in charge in this regard. Progress in this area will be reviewed during future inspection activity.

Conversations with staff provided assurances they operated from a strong value base which was young person centred and rights led. Discussions with the staff team and the person in charge 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. There was evidence restrictions implemented for safety purposes were subject to discussion within the staff team and multidisciplinary team, with a rationale documented. These were recorded and kept under review to ensure they remained proportionate and were in place for the shortest duration necessary.

There was evidence that young people were engaged in activities they enjoyed. They had access to dedicated spaces for beauty, gaming and relaxation, as well as opportunities to use the kitchen for baking and cookery. Camping trips were planned, and the young people had opportunities for time away during challenging periods within their life space.

The staff team demonstrated a range of skills to support in-house activities including beauty and gardening. Activities were tailored to young people's interests, helping to build their knowledge and skill for the future whilst also strengthening relationships with staff and peers. This approach was therapeutic and nurturing, promoting emotional wellbeing, safety and contributing to harm reduction by providing positive outlets and structured support.

The inspection findings concluded that the staff team were proactive in promoting education and school attendance. They supported young people to travel independently and sought external supports to help them remain in education, including tutoring and alternative education projects.

Robust handover templates were in place, ensuring clear and detailed communication between the staff team and the multi-disciplinary team. A shared approach to decision-making was evident.

Overall, the inspection findings determined that care is compassionate, trauma informed with harm reduction practice evident.

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. Consistency in staffing arrangements also provides young people with a predictable structure and routine, contributing to reduced anxiety and supporting emotional regulation. This, in turn, promotes a sense of security and improved outcomes for young people.

The person in charge described the staffing levels which had been assessed as necessary to meet the needs of the young people. Sampling 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 young people in the home. Advice was provided to the person in charge to add surnames to the rota to ensure accurate identification and for record-keeping purposes.

The management team had taken steps to promote continuity of care through the use of consistent bank staff where required. This minimises disruption for young people and supports the development of trusting relationships.

Robust arrangements are required to ensure that all staff are appropriately vetted prior to commencing employment within children's homes. Whilst safe recruitment practices were evident for newly appointed staff, those redeployed from other directorates within the Trust had not been subject to the same vetting procedures before moving across into a new post within the home. As a result, an area for improvement was identified.

Induction for staff is necessary to provide 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. Induction records sampled provided assurance that staff had undertaken a service specific induction. There was evidence that staff professional registrations were regularly audited, and a departmental induction checklist had also been completed.

Advice was provided to the person in charge during feedback to ensure staff consistently sign their induction records.

Training that is responsive to the needs of the young people 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. On the whole, staff training was robust, and governance systems had been implemented to ensure accurate and relevant documentation was maintained. However, a review of these records indicated that medication training had been completed only once and no medication competency assessments for staff were in place. The person in charge confirmed that competency is assessed at the time of training only, and is not subject to regular review. Furthermore, there was no written policy or procedure governing medication management within the home. 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 was observed to be clean and tidy, and free from any obvious hazards.

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. Bedrooms were decorated in line with young people's individual tastes promoting a sense of ownership and belonging, and communal areas were well presented. A homely and inviting environment had been achieved.

There was evidence that general estates and maintenance issues were responded to in a timely manner, ensuring that the premises remained safe and fit for purpose.

Staff spoken with demonstrated a good level of knowledge in relation to fire safety procedures, and records confirmed they had undertaken fire safety and fire warden training; supporting a proactive approach to safeguarding young people within the physical environment. Personal Evacuation Plans had been completed for all young people resident within the home.

A current Fire Risk Assessment (FRA) was in place, however not all outstanding actions identified within the associated action plan had been evidenced as completed. Actions in relation to emergency lighting, fire safety glazing, floor plans and outstanding estates issues were actioned immediately by the person in charge. All outstanding actions had been successfully completed at the time of writing this report.

Overall, a warm and welcoming environment was noted. There was evidence of effective governance and oversight arrangements in place to ensure the home remained safe and fit for purpose.

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

Inspection findings concluded that the service was well-led by an effective leadership team.

There was evidence of a safeguarding focused culture, where dynamic risk assessment was embedded in day to day practice, supporting the ongoing promotion of young people's safety and wellbeing. Documentation sampled was noted to reflect a commitment to risk reduction, with staff able to adapt their approaches responsively.

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.

Staff spoken with also reported a positive and open culture where they could raise concerns and share ideas for improvement. There was a clear line management and reporting structure that ensured staff understood their roles and responsibilities. Effective communication was prevalent, with regular team meetings and supervision processes helping to maintain consistency and accountability across the team.

The management team demonstrated their commitment to maintaining effective oversight of staff practice through monitoring, audit, and review of records. This oversight was further strengthened as managers worked a range of shifts, including those outside of standard daytime hours, to maintain regular contact with all staff, observe staff practice directly, which supported effective supervision and operational oversight across the home.

Effective information sharing supports staff to make safe and efficient day to day decisions on how care is delivered; whilst also providing evidence that robust planning is in place. There was evidence of daily handovers and sharing of information.

Inspection findings concluded that the service had established clear governance structures, with informed leadership and oversight mechanisms in place that contributed to positive outcomes for young people. The management team were responsive to challenges and demonstrated a commitment to learning and development.

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 and The Minimum Standards for Children's Homes (Department of Health) (2023)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

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.

Quality Improvement Plan

Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 12 April 2026	The registered person shall ensure evidence is available and maintained that all staff working in the home have been subject to safe and robust recruitment practices in line with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. Ref: 5.2.2
	Response by registered person detailing the actions taken: Management have reviewed staff recruitment practices and subsequently an Access NI has been requested through HR on 24.4.26 and completed on 5.5.26 in respect of one staff member. This has come back as clear. The management team remain aware of this particularly when staff are transitioning from another division within the Trust into the home.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Appendix 1, Standard 1 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that written policies and procedures for the management of medicines are in place and cover all aspects of medicines management, including arrangements for training and systems to review staff competency in the management of medicines. Ref: 5.2.2
	Response by registered person detailing the actions taken: It is acknowledged that staff competency in the management of medicines can be better assessed. This was raised within the medication working group on 21.4.26 with a template to be devised by the Principal Practitioner over residential and disseminated out to teams. This would allow for management teams to undertake unnannounced competency testing with staff and support them where necessary. The medication training has been reviewed by the Principal Practitioner with input from the registered manager and other professionals. With the support of the Learning and Development Team this will be accessible to staff electronically.

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