The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN049033

20 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:** – Belfast Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023). The children living in this home have been assessed as having intellectual needs/ disability and in need of medium to long-term residential care. Since the last inspection, the provider has submitted an application to vary the registration of this service to RQIA, with the aim to increase the overall number of places in the service. This application was subsequently approved post inspection.	

2.0 Inspection summary

An unannounced inspection took place on 20 November 2025 between 9.30 a.m. and 5.45 p.m. The inspection was conducted by two care inspectors.

The aim of this inspection was to inform the assessment of an application to vary the registration of this service, with the aim to increase the overall number of places in the home. A condition had been applied, at the point of registration, to reduce the number of places in the service. This condition was both necessary and proportionate as, at the point of registration, the provider had not yet recruited to all vacant posts; and therefore could not provide the right number of staff to care for the maximum number of young people originally intended.

The inspection process sought to assess; capacity for the service to meet the needs of an increased number of young people, the potential impact the change in registration could have on the delivery of care and the young peoples lived experience in this service.

The inspectors concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team. Evidence was available to provide assurance progress had been made with respect to recruiting to vacant posts, and there was a commitment to and focus upon staff training.

Staff had a detailed understanding of young people's needs and young people presented as relaxed in their home. Review of records evidenced staff provided compassionate and individualised care to the young people. Regular collaboration with the multidisciplinary team was evident to meet young people's holistic needs.

One new area for improvement was identified in relation to restrictive practice. The inspection findings also identified a number of matters, which required further clarification and assurances with respect to the environment, matching and admissions processes and staffing arrangements.

Further engagement with the provider post inspection, together with consideration of addition information submitted to RQIA following the inspection, confirmed the provider had addressed the matters identified.

In summary, RQIA were satisfied the provider had taken steps to strengthen the staff team and ensure ongoing review of staffing arrangements to support the delivery of safe, quality care. Evidence was available there was sufficient staffing arrangements in place, robust matching assessments had been undertaken, and remedial actions relating to the environment had been completed. The condition on the registration of the service was subsequently removed post inspection.

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 registered manager and senior management team at the conclusion of the inspection.

4.0 What people told us about the service

Young people who were less able to tell us about how they found life in the home were observed to be relaxed in their surroundings and evidence of positive relationships between staff and young people were evident on the day of inspection.

The inspectors spoke with the management team and members of staff. Staff feedback confirmed they felt positive about their roles and the support provided within the team. Concerns were raised by staff regarding the number of staff who had undertaken Safety Intervention (SI) training, and the capacity to meet young people's competing needs. Review of staff training records, and engagement with the provider post inspection provided assurance regarding staffing arrangements, including the staff support mechanisms in place. This is discussed in section 5.2 in further detail.

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?

There were no areas for improvement identified during the pre-registration inspection.

5.2 Inspection findings

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

Records that guided and directed staff interventions and care for young people were reviewed. The records sampled were personalised, outcome focused and reflected a coordinated approach by those involved in the young person's care.

Care plans contained detailed information about each young person's needs, preferences, and routines. These plans were personalised to the young person and clearly demonstrated staff knowledge of the young people they supported. Daily records evidenced that staff worked consistently, and in partnership with the multidisciplinary team to meet young people's identified needs and records were analysed by the team around the young people to inform future planning and staff interventions.

Discussions with the staff and management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led. The use of physical interventions were considered by the management team and staff to be a last resort, implemented only when necessary and in proportion to the potential risk of harm.

Environmental restriction records were evidenced and regularly reviewed with the multi-disciplinary team.

Review of medication management raised concern however, that identified some medications were provided covertly. Assurances were not provided that this practice was subject to regular review or that there was a reduction plan in place. An area for improvement was identified.

Evidence was not available on inspection to provide assurance there were robust arrangements in place with respect to planning for, and supporting young people with, transitions to the service. Further engagement with the provider, in addition to evidence received post inspection, confirmed decision making in respect to the admission of any new young person to the home was informed by a comprehensive assessment of the young people's needs and wishes, and that the young people's needs were accurately matched to what the home could offer. This assessment also considered the needs of the young people already living in the home, and any potential impact upon their wellbeing and lived experience in the service.

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

The inspection findings confirmed that effective staff support arrangements were in place and that staff worked collaboratively to meet the needs of the young people. Team meetings, handovers, and daily routines were well structured and supported good communication amongst the staff team. Staff reported that they felt supported by the management team and review of records indicated staff had access to regular supervision and debriefs.

Whilst continued progress had been achieved since the last inspection with respect to recruitment, RQIA required assurance robust arrangements were in place to ensure staffing arrangements were consistent with the assessed needs of the young people; and that there was capacity within the current staffing model to provide care for an increased number of young people.

A review of rotas demonstrated safe staffing levels were in place to accommodate an increase in the overall number of places in the service. However, evidence was not available on inspection to provide assurance as to induction and training for staff. Further engagement with the provider post inspection, together with the consideration of additional information submitted to RQIA, confirmed that the staff team had undertaken mandatory and role specific training, and all staff had been assessed as competent to provide care to the young people. Advice was provided to the management team with the aim to strengthen governance arrangements with respect to the induction process.

Further engagement with the provider post inspection confirmed there was a recognition of the potential impact of the recent introduction of new staff to the team, and that there were robust measures in place to support the team in this current phase. These measures included for example, ensuring the rota was populated to include a mix of staff skill set, and there was an increased management presence over evenings and weekends shifts. The senior management team also reaffirmed their commitment to continue with recruitment efforts, with the overall aim to ensure there was a stable, consistent and core staff available to the young people.

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

The inspection findings provided assurance careful consideration had been given as to how the environment could best meet the individual needs of young people. A young person–centred approach was evident, with attention to factors such as sensory needs and how the space could promote a calm and comforting setting. Remedial actions were required however to ensure that the home was ready to welcome a new young person. This was discussed with the provider and assurances were received post inspection to confirm these actions had been completed.

The home environment was well organised and there was appropriate storage, ensuring young people's personal belongings, household items, and equipment could be safely maintained. Arrangements were in place to support effective maintenance of the home to ensure quality standards were upheld.

The most recent fire risk assessment was available and confirmed as current. The associated action plan had not been updated to reflect the actions taken by the provider in response to the plan. This was addressed by the manager on the day of inspection. Records confirmed fire safety checks and drills were completed regularly.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023) (Delete what is not required)**

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 1.17 – **Stated:** First time **To be completed by:** 15 January 2026	The act of administering medication in disguised or covert form is discouraged, but when necessary, it is undertaken in accordance with professional advice and guidelines and as part of a decision making process which is documented in the child or young person's care plan (or personal medication management record). Ref: 5.2.1

	Response by registered person detailing the actions taken: Medication and the method of administration of medication, are reviewed as part of the appointments with the child/young person's Consultant Psychiatrist or other medical professional with responsibility for prescribing the medication. Following the RQIA inspection and a review of medication processes, medication that is required to be administered covertly/disguised to the children within the home has been added to their individual care plan and the children's restrictive practice records. Email communication has been shared with all of the team in relation to medication that is required to be administered covertly/ disguised, a clear plan as to how the medication is administered and this is discussed in daily handover which a member of the management team attend. This has also been discussed at team meetings.

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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