The Regulation and Quality Improvement Authority

# Children's Home Inspection Report

## IN050434

## 01 July 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:**<br>Children's Home<br>**Provider Type:**<br>Health and Social Care Trust<br><br>**Located within:** –<br>Northern Heath and Social Care Trust | **Manager status:**<br>Not registered-application submitted |
| **Brief description of how the service operates:**<br><br>This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).<br><br>The children living in this home have had adverse childhood experiences which has resulted in them requiring residential care. | |

## 2.0 Inspection summary

An unannounced inspection took place on 1 July 2026 between 9.35 a.m. and 5.15 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.

Two previous areas for improvement relating to controlled drugs and systems in place to audit the management of medicines were not inspected and will be followed up during future inspection activity. Previous areas for improvement relating to the environment and fire safety were met.

Five new areas requiring improvement were identified in relation to restrictive practice, governance, training, induction records, and the environment.

Young people were cared for in a trauma informed way which valued individualised and holistic care and support for young people within the home. Staff availed of specialised training to support young people to reach their potential and achieve their identified goals.

The findings of this report will provide the manager 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 an electronic survey.

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 the staff. Feedback provided a positive view regarding the team's support of the young people such as engagement to ensure their voices were heard and they were appropriately advocated for. Staff reported that the team work well together and that team meetings and reflective practice were valued by the team.

Young people were not available to speak with the inspector at the time of inspection and no feedback was received by RQIA via the 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 31 July 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**<br><br>**Ref:** Appendix 1: Standard 4<br><br>**Stated:** First time | The registered person shall review the management of controlled drugs to ensure that a suitable controlled drug record book is in place and that records of outgoing controlled drugs are accurately maintained.<br><br>**Action taken as confirmed during the inspection**:<br><br>Carried forward to the next inspection | **Carried forward to the next inspection** |
| **Area for Improvement 2**<br><br>**Ref:** Appendix 1: Standard 1<br><br>**Stated:** First time | The registered person shall ensure that there are robust systems in place to audit all aspects of the management of medicines.<br><br>**Action taken as confirmed during the inspection**:<br><br>Carried forward to the next inspection | **Carried forward to the next inspection** |
| **Area for improvement 3**<br><br>**Ref:** Standard 11<br><br>**Stated:** First time | The responsible person shall ensure that young people live in a suitable physical environment, which is well maintained and nicely decorated. The actions identified by the provider to address the environmental concerns should be subject to review; and any barriers to achieving improvements escalated to senior management for action as necessary.<br><br>Ref: 5.2.3<br><br>**Action taken as confirmed during the inspection**:<br><br>This area for improvement was met. | **Met** |
| **Area for improvement 4**<br><br>**Ref:** Standard 22.13<br><br>**Stated:** First time | The responsible person shall ensure there is an identified competent person who is responsible for the fire safety in the home and arrangements in place to ensure the person in charge of the home at any given time has the information necessary to fulfil their fire safety responsibilities, including the required training.<br><br>Ref: 5.2.2 and 5.2.3 | **Met** |

| | | |
|---|---|---|
| | **Action taken as confirmed during the inspection**:<br><br>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?

A review of the young people's care documentation provided evidence of a person centred approach, with individual needs, preferences and views reflected within care planning and day to day support.

Effective care planning is essential to support continuity and consistent care. Care plans were up to date and regularly reviewed ensuring that care was responsive to each young person's individual needs. The plans provided staff with clear information regarding each young person's assessed needs, preferences and identified outcomes. The plans supported young people to feel safe, nurtured and ensure their rights and agency were upheld.

Goals identified within the care plans were achieved and monitored through regular focused key work sessions, which supported young people to build emotional resilience and focus on their emotional, social, cognitive and physical wellbeing. Discussions with the manager further evidenced that young people were supported by multidisciplinary professionals to achieve identified goals.

Young people should be supported and encouraged to develop age appropriate behaviour, build and increase levels of trust with staff and take appropriate risks within their age and stage of development. Young people's safety plans were available which supported and facilitated them to make safe life choices and exercise responsibility in a proportionate manner. Safety plans were individualised and provided clear directions for young people and staff to support safeguarding. Individual Crisis Support Plans (ICSP's) were available to further support the staff team to adopt a proportionate and consistent approach to manage young people's behaviour.

The documentation evidenced the staff's knowledge of the young people and promoted staff to use a trauma informed approach to care. There was evidence of multidisciplinary support to inform the plans, ensuring that the young people received the right care at the right time. However, documentation was not consistent for all young people and feedback was provided to ensure there was sufficient detail available to support young people and direct staff.

There was evidence that for some young people risks had thoroughly been considered and mitigations were in place to support staff and young people to safely manage the identified risks. However, documentation was not consistent and recent incidents and associated risks were not effectively reviewed or recorded. Discussions with senior management provided assurance that the staff team were cited on the risks for each young person and these were appropriately managed within the home.

Variations in the quality of young people's records is addressed in an area for improvement relating to governance, this is discussed further in section 5.2.4.

A rights based approach requires that young people's liberty, choice and autonomy are respected and promoted wherever possible. Any restrictions on freedom should be carefully considered, individually assessed and balanced against the need to safeguard their welfare. Restrictive measures should be clearly justified, proportionate to the identified risk and subject to regular review to ensure they remain necessary and are reduced or removed at the earliest opportunity. Restrictive practices relating to the environment of the home were well recorded and assessed as necessary and proportionate to the identified risks. However, where individual restrictions were utilised to support risk reduction, this was not consistently maintained. An area for improvement was identified.

Young people's engagement, participation and involvement was supported through regular young people's meetings. This provided young people with an opportunity to voice their wishes and feelings regarding the day to day running of the home and provided an opportunity to raise any issues with the staff and management team. Review of the meetings evidenced that these were utilised by staff as an opportunity to reflect with the young people about changes in the home and how these changes have impacted on the group. There was evidence that the young people were engaged in decision making and that their views and feelings had been considered by the staff.

Records of statutory visits by a social worker were not available for inspection. These are important to monitor that young people's progress is safely, effectively and compassionately supported in their day to day care. Advice was given to ensure that records are maintained and robust escalation processes are in place to ensure records are forwarded to the home in a timely manner. Progress will be reviewed during future inspection activity.

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

Opportunities were available for the staff team to avail of specialised training to promote the delivery of person centred care and support. Training that is responsive to the needs of young people contributes to building upon staff confidence, skills and resilience, and supports the delivery of safe and effective care. However, recent challenges were identified within the service in relation to staff access to key training, including safeguarding and Therapeutic Crisis Intervention (TCI). An area for improvement was identified.

Discussions with senior management provided assurance that staff were subject to robust recruitment checks which were overseen by Human Resources. Feedback was provided to support the manager to maintain effective oversight of safe recruitment practices.

Discussions with the staff team supported that supervisions took place regularly and supervision agreements were evidenced which provided a framework for supervision to remain purposeful and focused on improving practice and outcomes for young people. Staff appraisals were undertaken which assisted the management team to support personal and professional development and training plans. Supervision and appraisal ensures that the staff team have the appropriate support to meet the needs of the young people and provide safe and consistent care.

Effective staff induction ensures that staff have the knowledge, skills and understanding required to provide safe, consistent and person centred care. They enable staff to understand the individual needs of young people as well as their own roles and responsibilities and safeguarding duties. Robust inductions support staff confidence and competence and promote consistency to ensure that young people receive safe, responsive and high quality care. Evidence was not available during the inspection to support that staff had been subject to a robust induction process, this was addressed with senior management during the inspection. 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 provided a comfortable and homely environment and was well maintained and decorated. Spaces were available for young people to relax and engage in mealtimes. There was a large, secure and well maintained outdoor area available for young people.

An up to date fire risk assessment was available, while some of the actions identified had been progressed by the manager, feedback was provided to ensure a timely response to all of the actions outlined. Weekly fire alarm checks were not recorded and feedback was provided to ensure this is completed as required. However, other required fire checks were maintained and recorded appropriately daily, weekly and monthly. Each young person had a recently reviewed personal evacuation plan to direct staff on how to support them to safely evacuate the building if required.

Restrictions relating to the environment were well documented with justification provided to support environmental safety. A plan of works was identified by the provider to ensure the home environment could safely meet the needs of the young people. Timescales for works should be recorded to provide evidence that this improvement is being progressed in a timely manner and without unnecessary delay. An area for improvement was identified.

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

Robust management and governance systems support the delivery of quality care for young people. Systems should be in place to monitor, audit and review the quality of care within the home. Inspection of young people's files verified they were audited, these were not overseen by the manager. Discussions with the management team during and post inspection provided assurance that recent changes within the team would provide the necessary levels of support to allow the manager to improve oversight. An area for improvement was identified.

Regular team meetings are essential to ensuring the staff team are effective and consistent in their approach to caring for young people. Sampling of team meeting minutes identified that staff were provided with opportunities to meet together as a group and that these were well attended. The meetings were evidenced to provide staff with opportunities to engage in reflective and trauma informed discussions. They offered an opportunity to reflect on the young people's care and discuss how the young people's needs could be further supported by the staff team. Open and honest discussions were evidenced relating to improving the team dynamics

and cohesiveness, the minutes effectively captured staff discussions and the agreed actions and outcomes.

## 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 | 6* |

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with person in charge and manager 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**<br><br>**Ref:** Regulation 16<br><br>**Stated:** First time<br><br>**To be completed by:**<br>01 September 2026 | The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that restrictive practices:<br><br>- are implemented on the basis of an assessed need or risk related to the individual child<br>- are the least restrictive option and all other options have been exhausted<br>- are agreed with the multi-disciplinary team, the child and/or their representative as appropriate<br>- Are subject to a timescale for review, which involves review of its effectiveness and considers the need for a reduction plan, as necessary.<br><br>Ref: 5.2.1 |
| | **Response by registered person detailing the actions taken:**<br>All restrictive practice plans have been revisited and are currently up to date. A section has been added on the |

| | |
|---|---|
| | significant incident tracker which will ensure that restrictive practice is monitored and reviewed on a regular basis. |
| **Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)** | |
| **Area for Improvement 1**<br><br>**Ref:** Appendix 1: Standard 4<br><br>**Stated:** First time | The registered person shall review the management of controlled drugs to ensure that a suitable controlled drug record book is in place and that records of outgoing controlled drugs are accurately maintained.<br><br>Ref: 5.1 |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Area for Improvement 2**<br><br>**Ref:** Appendix 1: Standard 1<br><br>**Stated:** First time | The registered person shall ensure that there are robust systems in place to audit all aspects of the management of medicines.<br><br>Ref: 5.1 |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Area for improvement 3**<br><br>**Ref:** Standard 16<br><br>**Stated:** First time<br><br>**To be completed by:**<br><br>01 September 2026 | The manager should review and improve governance and oversight of young people's care documentation.<br><br>Ref: 5.2.1 & 5.2.4 |
| | **Response by registered person detailing the actions taken:**<br>Management have completed key work consultations and reviewed key documentation for all young people. This has been updated and will be regularly reviewed as part of a monthly audit process, and after significant incidents when required. Management team will continue to meet with key workers regularly to review each young person's file, and sign off on monthly file audits. This will also be tracked via the significant incident tracker to ensure ICSPs and Risk Assessments are updated. |
| **Area for improvement 4**<br><br>**Ref:** Standard 17.11<br><br>**Stated:** First time | The registered person shall ensure that staff are equipped with the training required to meet the needs of the young people and in the practice model adopted by the home.<br><br>Ref: 5.2.2 |

| | |
|---|---|
| **To be completed by:**<br><br>01 September 2026 | **Response by registered person detailing the actions taken:**<br>The training tracker has been reviewed and deficits have been flagged with relevant staff. In respect of TCI training, seven staff have been booked on to upcoming training and further spaces will be booked. Specialised ASD training with the Open University has been identified and staff encouraged to attend in line with service user needs. |
| **Area for improvement 5**<br><br>**Ref:** Standard 17<br><br>**Stated:** First time<br><br>**To be completed by:**<br><br>01 September 2026 | The registered personal shall ensure that all staff receive a comprehensive and appropriately recorded induction enabling them to develop the knowledge and skills required to meet the individual needs of young people and fulfil their roles safely and effectively.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>Following inspection, the majority of core staff did have completed inductions and shift co-ordinator assessments, and these have now been added to the correct files on the management system. Three staff members were identified as not having signed off their induction and this will be rectified through the supervision process. |
| **Area for improvement 6**<br><br>**Ref:** Standard 11<br><br>**Stated:** First time<br><br>**To be completed by:**<br><br>01 September 2026 | The plan of works identified by the provider to ensure the home can safely meet the needs of the young people should be progressed without delay. RQIA should be notified upon completion of the works or if there is any undue delay to achieving completion.<br><br>5.2.3 |
| | **Response by registered person detailing the actions taken:**<br>The plan of works regarding the installation of anti-barricade doors was completed during the first week of September. If further works are identified management will ensure RQIA are notified. |

***Please ensure this document is completed in full and returned via the Web Portal***



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