The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050498

8 May 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 have had adverse childhood experiences which has resulted in them requiring 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 8 May 2026 between 09:00 a.m. and 16.25 p.m. The inspection was conducted by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The staff team demonstrated a detailed understanding of young people's needs and a commitment to supporting young people to achieve positive outcomes. Discussion with staff, the management team and review of records provided assurance there was a trauma informed approach to young people's care.

The inspection findings identified however there was opposing views amongst the staff and management team regarding suitability of young people's placements, and the capacity of the service to meet young people's needs effectively. This lack of alignment between leadership and care staff can result in inconsistent and uncoordinated care and risks deterioration in staff morale. RQIA therefore invited the provider's senior representatives to an Enhanced Feedback meeting (EFM) on 19 June 2026 to address the concerns identified. This is discussed further in section 5.2.1 of the report.

Three areas for improvement were identified in relation to handover records, young people's meetings and medicines management.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Young people chose not to engage with the inspector during the inspection process. The inspector observed that young people were relaxed in their surroundings and they engaged positively with staff.

Feedback from staff reflected their commitment to delivering a trauma informed approach to care and promoting positive outcomes for young people living in the home. Staff also described the challenges they were currently experiencing as a result of increased risks and complex dynamics within the resident group.

As noted in section 2.0 however there was opposing views amongst the staff and management team regarding suitability of young people's placements, and the capacity of the service to meet young people's needs effectively. Staff feedback also provided mixed responses in regard to support provided from the management team. The concerns raised were discussed with the management team and the provider's senior representatives during an enhanced feedback meeting on 19 June 2026 and is discussed in further detail in section 5.2.1.

No feedback was received by RQIA via questionnaires or electronic survey within the required timescales for inclusion in this report.

5.0 The inspection

5.1 Inspection findings

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

Discussions with the staff team identified that the young people's right to express their views on matters affecting them was recognised and facilitated within the home. Young people were given opportunities and encouragement to share their views and make their wishes known to staff. A commitment to promoting self-advocacy and encouraging young people to avail of independent advocacy supports was also described by staff. Listening to and acting upon young people's voices promotes participation, supports positive relationships and helps ensure decisions are made in their best interests. The introduction of young people's meetings would provide regular opportunities for young people to raise concerns, receive feedback on actions taken and contribute more actively to the day to day running of the home. An area for improvement was identified.

Young people were encouraged to make positive and safe life choices. Care plans focused on encouraging, supporting and equipping young people with the skills and confidence to make informed decisions, with the aim to foster positive outcomes and enable them to progress towards adulthood and greater independence in a safe and supportive manner. Individual key work sessions evidenced that young people were supported to meet their full potential and staff utilised professional support to guide the sessions to ensure work remained purposeful. Risk management plans were robust and provided clear guidance for staff. There was evidence of multi-agency involvement to support the assessment and management of risks, ensuring that young people's safety and wellbeing remained central to practice.

The home adopted a proportionate and consistent approach in managing behaviour, which was explained to and understood by the young people and staff. Behaviour support plans sampled were trauma informed and focused on positive outcomes for young people. Individual Crisis Support Plans (ICSP's) reviewed provided staff with clear guidance to support young people's safety and wellbeing. There was evidence of engagement from relatives/carers and multi-disciplinary teams in the development of the plans.

Young people's right to an education was facilitated and valued by the staff team. Young people were supported to attend school, college and alternative provisions regularly. Staff reported that young people were supported within the home to safely access online resources for educational purposes.

5.1.2 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. Sampling of the rota demonstrated that staffing arrangements were supported by the use of both permanent core staff and bank staff. The management team provided assurance that each shift was populated with a group of staff who together, have the skills, experience and professional qualifications to work effectively to meet the young people's needs. The management team highlighted their responsiveness to staff requests for changes to the rota in order to support staff well-being and meet the needs of the young people.

Opportunities were provided regularly for staff to update their knowledge and skills as well as for more advanced and specialised training. Training which is responsive to the needs of the young people and 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. Discussions with the management team and a review of the staff training matrix identified that the team training plan was robust and aimed to ensure that staff were equipped to deliver child centred, safe and effective care and support. However, a review of the records indicated that medication training had been completed only once and no medication competency assessments for staff were in place. An area for improvement was identified.

Records evidenced that supervision arrangements were in place, annual appraisals were underway and staff had access to support from the management team, including following incidents. However, discussions with the staff team did not consistently reflect this and provided mixed responses in regard to support and engagement from the management team. Feedback from staff and the management team also confirmed there was opposing views regarding suitability of young people's placements, and the capacity of the service to meet young people's needs effectively. A lack of alignment between leadership and care staff can result in inconsistent and uncoordinated care and risks deterioration in staff morale.

During an Enhanced Feedback meeting on 19 June 2026 the provider's senior representatives described the measures taken since the inspection and the further actions planned to address the identified concerns. RQIA were assured that the senior management team were cited on the risks within the resident group and were proactively engaged with the multidisciplinary team regarding care planning and risk management strategies. RQIA were also assured that the senior management team were already cited on the challenges amongst the collective staff team and a robust plan had been implemented in response to ensure support mechanisms are in place that promote cohesion, shared understanding, and strong relational leadership, all of which are essential for delivering consistent, high-quality care. RQIA will continue to monitor progress in this area via review of monthly monitoring reports submitted to RQIA and future inspection activity.

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

The environment was comfortable, homely, well maintained and decorated with domestic style furnishings. Young people were supported to personalise their bedrooms. Communal rooms were available for young people to engage in leisure and educational activities.

Fire records evidenced a recent site specific evacuation procedure and a contingency plan was available. The annual fire risk assessment had recently been reviewed and discussion with the manager supported that the actions identified had been completed. Gaps were identified in the recording of daily, weekly and monthly fire checks and fire drills. Assurance was provided by the manager that any gaps were related to a change in the documentation format and all the required checks had been completed. This will be reviewed during future inspection activity.

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

Evidence was available to confirm robust recruitment practices were in place and were consistent with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. Safe recruitment practices are an essential mechanism that supports managers to promote the protection of young people by confirming that staff working in the home are suitable for the roles to which they have been appointed. Robust governance mechanisms were also in place to ensure staffs registration with the Northern Ireland Social Care Council (NISCC) was maintained.

Regular virtual team meetings were taking place and discussions with the management team evidenced ongoing efforts to increase opportunities for face to face meetings to further promote team engagement, communication and collaborative working. Reflective sessions were being utilised to support the team and provide opportunities to consider current challenges and share learning. Staff feedback demonstrated that recent sessions were beneficial.

The registered manager must ensure that arrangements are in place to support staff in day to day decision making. Discussions with the staff team raised concerns relating to effective communication in matters relating to young people's care. Review of the handover documents and discussions with that staff team highlighted that there were inconsistencies with handover meetings and recording practices. Effective communication and comprehensive handover records are essential to ensure continuity of care, promote the safety and wellbeing of young people, and support informed decision making. Accurate recording helps to ensure that important information is shared consistently between staff and that care is delivered in a coordinated manner. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **Minimum Standards for Children's Homes (Department of Health) (2023).**

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 Minimum Standards for Children's Homes (Department of Health) (2023)

Area for improvement 1 **Ref:** Standard 1 **Stated:** First time **To be completed by:** 08 July 2026	The registered person shall review the arrangements in place to bring young people together as a group to provide opportunity for their views, wishes and feelings to be heard regarding the day to day running of the home, and acted upon as appropriate. Efforts made to engage the young people as a group should be evidenced. Ref: 5.1.1
	Response by registered person detailing the actions taken: The arrangements for obtaining young people's views have been reviewed, taking account of the current group dynamics, individual needs and neurodiversity within the home. As the young people are presently reluctant to participate in formal group meetings, a young person-friendly Views and Suggestions Form has been developed to provide a more accessible way for them to share their views about the day-to-day running of the home, including food, activities, relationships, safety, education, their bedroom environment and any changes they would like to see. The form can be completed independently or with support from a staff member during key-work or individual discussions. Any issues or suggestions raised will be recorded, discussed with the young person, allocated for follow-up and reviewed to evidence the action taken. Staff will continue to encourage opportunities for shared discussion through informal house activities and mealtimes, where this is appropriate and acceptable to the young people.
Area for improvement 2 **Ref:** Appendix 1, Standard 1 **Stated:** First time **To be completed by:** 08 July 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: 5.1.2
	Response by registered person detailing the actions taken: The arrangements for medication training have been reviewed across residential services and updated policies and the appropriate procedures are in place. The revised training programme will include refresher training to ensure staff

	maintain up-to-date knowledge and remain competent in all aspects of medication management. Staff training records and competency assessments will be reviewed to identify any outstanding requirements. Relevant staff will complete the required refresher training, and ongoing competency will continue to be monitored through supervision, practice observation and the established medication auditing process.
Area for improvement 3 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 08 July 2026	The registered person shall review the staff handover arrangements and implement any improvements identified as necessary to ensure handover records are sufficiently detailed, consistently maintained and accurately recorded. Ref: 5.1.4
	Response by registered person detailing the actions taken: The staff handover arrangements have been reviewed to reinforce the requirement for handover documentation to be fully completed, sufficiently detailed and accurately recorded. Staff have been reminded of their responsibility to ensure all relevant information is documented consistently at each shift change. Handover records will be subject to regular auditing to identify any gaps or omissions, provide feedback where required and ensure clear accountability. Any recurring issues will be addressed through supervision, team discussion and further guidance or support as necessary.

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