The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050530

10 June 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:** – Western 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 physical and or intellectual needs/disability and in need of medium to long term 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 commenced on 10 June 2026 however was suspended due to unforeseen circumstances. The inspection was subsequently concluded on 25 June 2026 following a further visit to the service between 09:00 a.m. and 16:20 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.

Staff had a detailed understanding of young people's individual needs and positive relationships were evident.

Areas requiring improvement were identified in relation to monitoring the quality of records, monthly monitoring reports, placement care plans and training. A previous area for improvement relating to supervision was stated for a second time.

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 questionnaires and an electronic survey.

The findings of the inspection were discussed with the manager 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 seen to be relaxed in their surroundings and engaged well with staff.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and managerial support.

Feedback indicated some concerns regarding the use of agency staff which was highlighted with the manager and senior management team to provide further support where necessary to mitigate any future concerns.

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 02 December 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:** Appendix 1 - Standard 3 **Stated:** First time **To be completed by:** 2 December 2025	The registered person shall ensure that the room temperature of the medicine storage area is monitored and recorded daily to ensure it is maintained at or below 25ºC. Ref: 3.3.2	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 19 **Stated:** First time **To be completed by:** 24 November 2025	The registered person shall develop a policy and procedure in relation to the use of visual audio monitors that ensures robust arrangements are in place to support safe usage of monitors that respects each young person's right to privacy; and ensures effective governance and oversight of usage; staff are trained and robust records are maintained.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 16.7 **Stated:** First time **To be completed by:** 24 October 2025	The responsible person shall ensure that the staff team receive professional supervision in line with Department of Health (DoH) policy and guidance, and professional codes of practice.	**Not Met**
	Action taken as confirmed during the inspection: This area for improvement was not met and will be stated for a second time.	

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 young people's documentation demonstrated that the service promoted person centred care by providing staff with a clear understanding of each young person's individual needs, preferences, communication methods and strategies to support their wellbeing. Staff were supported to recognise and respond appropriately to young people who were non-verbal and promoted meaningful participation in their day to day care. Routine and consistent day-to-day care has a vital bearing on young people's ability to respond positively to their caregivers and ensure quality of relationships. Feedback was provided to ensure that documentation for each young person was of a consistent standard.

Restrictive practice documentation was in place to support young people's safety and wellbeing. This included restrictions relating to locked internal and external doors, safety precautions in outdoor areas, levels of supervision and management of finances. Restrictions were proportionate to the identified risks and gave consideration to the young people's rights and best interests. Records evidenced that the measures had been considered and agreed through a multi-disciplinary approach with engagement from relatives/carers where appropriate.

Risk assessments were individualised and evidenced a comprehensive overview of each young person's identified risks and the potential associated impact on their safety and wellbeing. They provided a detailed description of risk related behaviours and clear guidance for staff to manage the identified risks. Risk assessments had been agreed with the relevant professionals and engagement from relatives/carers was evidenced. Where possible they promoted positive risk taking, independence and continued participation in activities that were meaningful and enjoyable for the young people. Feedback was provided to the management team to ensure that risk assessments were regularly reviewed and updated to reflect young people's changing needs.

Staff reported that young people received input from behaviour support therapists and had individualised behaviour support plans in place. Plans and review records demonstrated consideration of each young person's communication methods, strengths, needs and changes in behaviour. The plans followed a rights based approach and provided age appropriate, practical guidance to assist staff to support young people in a positive and consistent manner. Discussions with staff evidenced that relatives/carers were consulted during the development and review of the plans. Discussions with the staff team evidenced that the plans informed day to day care practices and promoted consistent approaches to supporting young people's wellbeing and quality of life.

Daily handover records evidenced robust communication methods between staff which ensured key information relating to young people's essential care needs including medication administration, personal care and adherence to daily routines was shared. Records provided a review of young people's moods and current presentation. This supported staff in maintaining continuity of care for the young people.

Daily records reflected young people's lived experiences and detailed how the young people had communicated their enjoyment or dissatisfaction with daily routines. Changes in presentation and mood were documented. Where applicable records evidenced adherence to the home's policy on audio visual monitoring. Opportunities to promote independence were recorded in line with individual support plans. This demonstrated that care was delivered in line with the young people's assessed needs and supported the promotion of safeguarding through the recording of changes in behaviour.

Staff reported that monthly placement care planning meetings took place for each young person and updates or changes were shared in team meetings. Minutes of the planning meetings were not available at the time of inspection to review. Placement care plans were not evidenced during the inspection in line with the Children's Homes Regulations (Northern Ireland) 2005. An area for improvement was identified.

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

A review of the rota and discussions with the staff team provided evidence that the home was adequately staffed to meet the needs of the young people. However, the staff and management team reported that maintaining adequate staffing was a challenge within the service and recruitment is ongoing. Young people were supported by a mix of core and agency staff throughout the day and night. Reasonable adjustments were made to the rota to support young people to attend activities and contact with relatives/carers.

A review of the training records evidenced gaps in staff training, with significant gaps in fire safety training. A full review of the training matrix is required to ensure compliance and up to date recording. An area for improvement was identified.

Professional supervision should be completed in line with Department of Health (DoH) policy and guidance, and professional codes of practice. Supervision of staff was not consistently achieved within the service, discussions with the manager and senior management evidenced the challenges to regular supervision and the plans to address these moving forward. This area for improvement was stated for a second time.

Team meetings are an important mechanism for supporting staff in day to day decision making and to review the quality of care within the home. Team meeting minutes were available for review and provided confirmation that they took place regularly. However, a review of the meeting minutes evidenced that they did not fully reflect the depth of the conversations which had taken place. Feedback was provided to the manager to ensure that recording is accurately maintained.

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

The young people were provided with a comfortable and homely environment which was well maintained and decorated. Reasonable adjustments to the home had been made for young people with a disability. Young people's bedrooms were personalised and suitable to their

needs, a sensory room was available which was well maintained. Young people were observed to be content in their surroundings and made use of indoor and outdoor spaces.

A standard operating procedure was in place for night monitoring of residents when required to promote the delivery of safe and effective care. The procedure outlined clear directions for its use, review mechanisms and the training for staff relating to its use and purpose. Training was not recorded on the training matrix provided and should be reviewed under the identified area for improvement relating to training records.

The annual fire risk assessment was current, with identified actions awaiting completion within the agreed timescales. Fire safety procedures were in place to support staff and young people in the event of an emergency evacuation. However, individual emergency evacuation plans were not in place for young people. Feedback was provided to ensure this is reviewed. Weekly and monthly fire safety checks were completed in line with requirements, with any identified faults reported to estates for appropriate action.

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

Young people's health and wellbeing was promoted within the service. Staff had access to information, guidance and appropriate supports to enable them to meet young people's individual health needs whilst upholding their rights and dignity. Evidence reviewed provided confirmation that handovers were used effectively to share relevant information and ensure continuity of care. Young people attended statutory medical appointments, and where required, hospital passports were available to support effective communication and continuity of care during hospital admissions. Individual health care plans were in place to support the management of specific medical conditions. Detailed medication guidance was available to ensure staff were supported in the administration of medication in line with the young people's preferences and best interests.

Measures to monitor and respond to changes in young people's health needs were evident. Audio visual monitoring was implemented where assessed as necessary to support young people to remain safely in their bedrooms with the least amount of disruption. Staff were provided with guidance to recognise changes in young people's presentation that may indicate a deterioration in health. Records demonstrated multidisciplinary engagement with health professionals and relatives/carers where appropriate to support decision making in regard to medical interventions.

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

A review of files did not provide sufficient evidence that there was a system in place to monitor, audit and review the quality of care within the home. Documentation in young people's files was inconsistent and reviews were not completed in a timely manner. An area for improvement was identified.

Evidence was available to confirm that agency staff employed within the home were subject to safe and robust recruitment practices consistent with Schedule 2 of The Children's Homes

Regulations (Northern Ireland) 2005. This is an essential mechanism that supports managers to ensure safe care for young people within the home.

A review of monthly monitoring reports in preparation for the inspection and discussions with the management team evidenced persisting issues being raised with limited scope of the barriers or actions required to achieve compliance. The registered provider should ensure that monitoring reports are undertaken in accordance with the Children's Home Regulations (Northern Ireland) 2005. 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 **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	2	4*

* the total number of areas for improvement includes one that has been stated for a second time.

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 12(1) **Stated:** First time **To be completed by:** 25 September 2026	The registered person shall ensure each young person has an agreed written plan, setting out how a child or young person is to be looked after on a day-to-day basis at the home, which is consistent with both the home's Statement of Purpose and the care plan made by the placing authority. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person will ensure that a six - month care planning summary will be placed at the front of each young person's file. This will provide staff with a clear and accessible overview of the young person and clearly highlighting the recommendations and targets agreed at the Looked After Review.

Area for improvement 2 **Ref:** Regulation 32 **Stated:** First time **To be completed by:** 25 September 2026	The registered person shall ensure that visits to the home and written reports on the conduct of the home are completed in accordance with Regulation 32. Ref: 5.2.5
	Response by registered person detailing the actions taken: Monthly monitoring visits will be completed within the required timescales, with written reports clearly identifying any areas of concerns, actions required, responsible persons and timescales for completion. Progress against identified actions will be reviewed at subsequent monitoring vists. This will provide clear evidence of effective management oversight, governance and continuous quality improvement.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 16.7 **Stated:** Second time **To be completed by:** 25 September 2026	The registered person shall ensure that the staff team receive professional supervision in line with Department of Health (DoH) policy and guidance, and professional codes of practice. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff will receive monthly supervision as per the Trust's Service Area Supervision Plan, through a planned mixture of individual and group supervision.Supervision sessions will be scheduled around staff rotas to support attendance. Where necessary and appropiate supervision may take place off- site.
Area for improvement 2 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 25 September 2026	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff training matrix has been reviewed and updated. With regards to any gaps identified this will be addressed through planned training, refresher training and, where required, additional specialist trainng relevant to the needs of the young people. Training requirements are discussed with staff through supervision, team meetings and individual development reviews, with staff supported to identify any additional learning needs. Attendance and completion of training are monitored by

	management and records are maintained to evidence compliance.
Area for improvement 3 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 25 September 2026	The registered person shall ensure there is a system in place to monitor the quality, accuracy and adequacy of record keeping and take action when required. Ref: 5.2.5
	Response by registered person detailing the actions taken: The registered manager will undertake quarterly audits to ensure compliance with recording standards and professional practice in line with agreed standards and procedures. The audits will monitor quality,accuracy and adequacy of records and identify any areas of improvement. Training, supervision and team meetings will be used to reinforce consistent recording practices.

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