



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN046088
16 December 2024

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 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) . This home provides medium to long term care and short breaks for children and young people who have been assessed as having an intellectual disability. Since the last inspection, the Regulation and Quality Improvement Authority (RQIA) received an application to vary the Statement of Purpose (SoP) of the service. 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 16 December 2024 between 9.15 a.m. and 4.30 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.

An area for improvement identified at the last care inspection was met in relation to the children's guide. Two new areas for improvement were identified with regard to competency based staff induction and staff training.

The inspection concluded that the delivery of care was safe, effective and compassionate. The staff worked together to create a supportive environment where the needs and well-being of the young people were central to all aspects of care.

It was evident from discussions with staff and the manager they had a detailed understanding of young people's individual needs and positive relationships had been developed.

The application to vary the service's Statement of Purpose submitted to RQIA prior to this inspection remains under review.

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

The inspector met with young people, staff and the management team during the inspection.

Young people who were less able to share their views about life in the home were observed to be relaxed in their surroundings. Staff demonstrated a caring and warm approach, responding sensitively and effectively to the young people's needs, and showed an understanding of both verbal and non-verbal communication.

Staff provided positive feedback regarding the support they received from the manager, highlighting the impact of their leadership on the quality of care and overall operation of the service. Staff described the manager as highly knowledgeable and supportive, noting their role in developing staff skills and confidence in fulfilling their roles and responsibilities.

Discussions with staff provided assurance of positive working relationships within the team. Staff described a cohesive and supportive dynamic, where psychological safety was evident. Mutual respect was valued, contributing to a culture of learning and reflective practice. This approach helped ensure that young people received consistent and well-informed care.

Questionnaires were received post inspection from staff and young people's parents. Staff feedback indicated that they were either very satisfied or satisfied that the care provided was safe, effective, compassionate and well led.

Feedback from parents indicated they had been kept informed about the young people's welfare and wellbeing. Staff were caring, supported the young people in making choices and were there for the young people when they needed them. Requests for improved communication regarding changes in staffing arrangements were shared with the service.

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 2 February 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 4 (4) Stated: First time	The registered provider must ensure the children's guide is produced in a form appropriate to the age, understanding and communication needs of the children to be accommodated in the home.	Met
	Action taken as confirmed during the inspection: 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?

RQIA met with the provider's senior management team post inspection and confirmed that the staffing arrangements in place can support the care of a specific number of young people, and the application to vary the service's Statement of Purpose remains under review.

Discussions with the staff and the manager highlighted the importance placed on the young people being supported by a consistent team, ensuring stability and continuity in their care. A relational approach was actively promoted, helping to build trust and meaningful connections. It was noted that no agency staff were employed in the service, the rota was supported by a small cohort of bank staff, allowing young people to develop relationships with familiar and trusted adults. This consistency contributed to a structured and predictable environment, which is important in helping to reduce young people's anxiety and supporting their emotional well-being and overall progress.

Review of care records demonstrated staff attentiveness to the young people's individual needs. There was evidence of positive engagement, with young people participating in their preferred routines and activities. Young people's care plans and risk assessments were comprehensive and subject to regular review.

When incidents occurred, staff responded with compassion, using trauma informed practices and agreed strategies, developed in collaboration with the multi-disciplinary team to provide consistent and holistic support, and to help the young people make safer choices.

Young people had access to a safe, well maintained, and personalised living space that reflected their individual sensory needs and interests. Thoughtful adaptations and arrangements supported their comfort and their ability to develop their independence and well-being. This approach helped to reduce anxiety, promoted a sense of security and ensured their needs and preferences were prioritised in shaping their living space.

5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

Discussions with staff confirmed they received a high level of support from the manager; the manager was visible, accessible and approachable. The manager had been proactive in supporting their ongoing development, equipping them with the skills and knowledge needed to deliver safe, effective and compassionate care.

The manager had actively supported the development of collective leadership within the team. This approach had fostered a collaborative and inclusive approach to decision making and problem-solving.

Team meetings had been used to support staff in feeling valued, providing a forum for sharing ideas and fostering psychological safety. This approach had encouraged staff learning and development, ensuring they were better attuned to the young people's needs, contributing to ongoing improvements in the care provided.

However, improvements were identified in the staff induction process and associated documentation to ensure it clearly evidences a competency-based approach. This should include the identification of any future learning needs for staff and outline how these will be addressed. An area for improvement was identified. Implementing these improvements will help embed a comprehensive, competency-based induction framework within the service, which helps to identify and address any gaps in competence early on, providing targeted support and training where needed.

Whilst, no concerns were identified regarding the delivery of care during the inspection, and high rates of compliance with the current training programme were noted. There was no evidence that staff had access to specialised training in learning disabilities, neuro-divergent needs and communication strategies specific to these areas. Such training is essential to align with the service's Statement of Purpose and ensure that staff are equipped with the specific skills needed to understand and effectively support the needs of the young people with learning disabilities. It also supports staff stay up to date with relevant practice developments, enhancing their skills, reducing the risk of misunderstandings and promoting better outcomes in care and support. An area for improvement was identified.

Staff expressed positive feedback regarding their access to regular reflective practices sessions, recognising its importance in enhancing their approach to care and supporting their professional development. These forums facilitated by the provider's therapeutic services allows staff to reflect and analysis approaches and strategies whilst also providing a space to explore what the young people's behaviour may be communicating.

5.2.3 How does the service ensure that young people's rights are upheld and they have access to choice and positive, meaningful experiences?

Ensuring the young people's safety and well-being was balanced with providing access to fun activities, fostering positive memories, and supporting the connections with important people in their lives.

Consideration was given to the young people's age and stage of development, and the need to support them in building independent skills, ensuring that care and activities were tailored to foster their growth and autonomy. Discussions with staff and the manager evidenced that they knew what worked best for the young people in helping them to self-regulate and co-regulate.

Young people were provided with regular opportunities for choice, which were incorporated into their daily routines and activities. Staff focused on creating positive, meaningful experiences for the young people by offering tailored activities that reflected their interests, likes and needs, supporting their development and wellbeing. This approach was strengthened by the staff team's knowledge of the young people's preferences and interests.

Social stories were used to support the young people understand and navigate social situations, routines, and emotional responses; providing clear and concrete expectations, promoting social understanding, communication and coping strategies. Review of incidents were conducted, with a focus on analysis and appropriate follow-up actions, which fostered a culture of reflective practice.

Arrangements were in place to regularly review any restrictive practices implemented to ensure the safety of young people. There was a clear rationale provided for use of such practices and involvement of a multi-disciplinary team approach was evident. Efforts were made to ensure young people felt supported while also minimizing any risks that might arise during periods of crisis. Discussions with the manager and staff demonstrated a thoughtful and collaborative approach to critically consider the most effective support strategies for the young people.

Additionally, staff demonstrated an understanding of the implications of Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act (Northern Ireland) 2016, as they applied to specific young people. Appropriate actions were being taken to ensure compliance with these requirements where necessary.

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)**.

	Regulations	Standards
Total number of Areas for Improvement	0	2

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 17 Stated: First time To be completed by: 16 March 2025	<p>The registered person shall ensure that all new staff should complete a competency based induction process. Induction records should demonstrate that staff have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people accommodated. This should include evidence of competency assessment/review by the manager, and the identification of any future learning needs, if applicable.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Principal Practitioner for Residential services, NHSCT has been approached - discussion around competency based induction process. Same discussed via Residential Practice Improvement Group meeting - 28.02.25</p> <p>The Manager will be following this up and a new induction pack created.</p>
Area for improvement 2 Ref: Standard 17 Stated: First time To be completed by:	<p>The registered person shall ensure all staff working in the home have the right training and skills to deliver effective care in keeping with its Statement of Purpose and the needs of the individual young people.</p> <p>Ref: 5.2.2</p>

16 March 2025	Response by registered person detailing the actions taken: A Training Matrix is in place for both permanent and bank staff. Attached is the list of training staff have to complete ASD training was added, which took place with the staff team on the 12.02.25 Additional training in relation to ADHD, Learning disability and anything else relevant is being discussed to be sourced via training team and added - staff to undertake to ensure the right training and skills in keeping with Statement of purpose
---------------	--

****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
Twitter @RQIANews