The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048882

23 October 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:** Not registered
Brief description of how the service operates: The children and young people 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 this report.	

2.0 Inspection summary

An unannounced inspection took place on 23 October 2025 between 9.45 a.m. and 5 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 areas for improvement were assessed as met, in relation to the Fire Risk Assessment and admissions processes. Four new areas for improvement were identified in relation to; safeguarding; staffing; safe recruitment; and first aid training.

Significant concerns were identified regarding the arrangements in place to promote the safety and wellbeing of young people and that deficits in staffing arrangements were impacting upon the delivery of consistent, coordinated care to young people.

RQIA met with a senior manager on 24 October 2025 to discuss the inspection findings and safeguarding concerns were escalated to the relevant Trust in line with regional child protection policy and procedures. The senior manager identified immediate actions staff could take to ensure the safety of the young people. Further assurance was provided in an action plan submitted to RQIA on 29 October 2025, which outlined further remedial actions that had been taken.

RQIA also invited the provider's representatives to a Serious Concerns meeting on 7 November 2025 to seek assurance the provider had a responsive plan in place to address the identified

concerns. At this meeting, the senior management team provided an overview of the actions planned, as outlined in an updated plan, which was submitted to RQIA on 6 November 2025. This included actions taken by the senior management team to better understand the challenges within the home, and remedial actions taken since the inspection.

RQIA were assured the provider had acted quickly to ensure that staffs care and responses were focussed on the safety and wellbeing of the young people living in the home. Furthermore, the provider's representatives assured RQIA they had taken steps to implement the learning and improvements into staff practice, strengthened the governance and oversight arrangements in the home, and the action plan remained subject to review to ensure continued improvement.

RQIA were also assured that the management and staffing arrangements in the service had been reviewed, with action taken to bolster the staff team and ensure effective arrangements were in place to support the delivery of safe and effective care. This will be discussed in greater detail in the main body of the report.

In addition, monthly reports on the conduct of the home, submitted to RQIA, in accordance with Regulation 32 (5) (a) of The Children's Home Regulations (Northern Ireland) 2005, will report on the effectiveness of the action plan and any necessary actions to address identified barriers to achieving the improvements required.

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 and senior management team as part of the inspection process and subsequent enforcement action.

4.0 What people told us about the service

The inspector spoke with young people and staff during the inspection.

Young people were positive as regards their relationships with staff and opportunities available to them to take part in activities. Young people reported they could raise issues with staff, concerns would be listened to and appropriate follow up actions taken. Young people raised issues as regards staffing levels and the quality of the environment. These issues are discussed in greater detail in the main body of the report.

Staff provided a positive view regarding the support available from the management team, who were described as approachable and attentive. Staff reported that the care provided to young people was young person centred and compassionate. However, staff also raised issues regarding staffing levels and the quality of the environment. These issues are discussed in greater detail in the main body of the report.

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 16 October 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 31 **Stated:** First time	The registered person shall ensure that the home has a current fire risk assessment in place and actions arising as a result of the assessment are responded to and that the associated action plan is updated to evidence the actions taken.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
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:** Standard 12 **Stated:** First time	The registered person shall ensure that admissions processes are reviewed and improved where necessary. Evidence should be available to confirm placement decision making is based upon;	**Met**

	assessment of young people's needs; matched with the Statement of Purpose and capacity of the service to promote the safety and wellbeing of all resident young people.	
	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?

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments, safety plans and Individual Crisis Support Plans (ICSP). However, as discussed in section 2.0, the inspection identified significant concerns regarding the arrangements in place to promote the safety and wellbeing of young people and ensure they were protected from harm. A number of incidents were recorded; which did not evidence staff had taken appropriate and timely action in accordance with young people's safety plans. Evidence was also not available that staffs dynamic risk assessment and safety planning were updated in a timely way, following the emergence of potential safeguarding concerns.

RQIA were concerned the inaction by the home staff in this regard, had resulted in a lack of assurance that young people received the care and protection identified as necessary in their assessment and plan. Additionally, RQIA were concerned that the provider's governance, oversight and monitoring arrangements in this home had failed to identify these deficits.

As a result, RQIA invited the provider's representatives to a Serious Concerns meeting on 7 November 2025 to address the concerns identified; and received the necessary assurances that the senior management team were cited on the concerns and had a robust plan in place to drive improvement with respect to safeguarding young people.

At this meeting, the provider's representatives provided an account of the actions they had taken and planned; which centred upon ensuring the staffs care and responses were focussed on the safety and wellbeing of the young people living in the home and strengthening internal and external governance mechanisms. An area for improvement was identified in relation to safeguarding arrangements and protection of young people's welfare.

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

The inspection findings identified a number of vacancies across the staff team and consequently the home management team were providing cover for the rota. This affected their capacity to fulfil leadership and governance tasks, which was not a sustainable position.

Agency staff were being utilised to cover waking night shifts and there was a concern that this arrangement was not supporting the delivery of consistent, coordinated care to young people. Additionally, evidence was not available to provide assurance robust arrangements were in place in relation to agency staff recruitment in line with Schedule 2 of The Children's Home Regulations (Northern Ireland) 2005.

As discussed in section 2.0 and 5.2.1, RQIA invited the provider's representatives to a Serious Concerns meeting on 7 November 2025 to address the concerns identified; and received the necessary assurances that the senior management team were cited on the concerns and had a robust plan in place to drive improvement with respect to staffing arrangements. RQIA were assured that the management and staffing arrangements in the service had been reviewed, with action taken to bolster the staff team and ensure effective arrangements were in place to support the delivery of safe and effective care.

RQIA will continue to monitor and review the quality of service provided in this home. Two areas for improvement were identified in relation to staffing arrangements and safe recruitment practices.

In addition, training records identified that although there was a good standard of compliance with mandatory training requirements for the staff team in most areas, there was a deficit as regards first aid training. It is essential that staff are able to take action necessary to promote the health and safety of young people living in the home. This was identified as an area for improvement.

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

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. The fire risk assessment was up to date and the associated action plan had been completed.

Overall, the home was nicely decorated and presented as a comfortable, homely space for young people to live; with soft furnishings being utilised to create a welcoming environment. Young people's bedrooms were decorated in line with their wishes and interests/preferences; and a welcoming outdoor space was also available to the young people.

However, there were areas of the home, which required redecoration/repair; evidence was provided that these works had been reported through to estates services and there was an action plan in place. The action plan provided assurance that there was a robust monitoring and review process in place, to ensure all outstanding estates issues were completed in a timely manner.

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

Team meetings occurred on a regular basis; they were well attended by staff and facilitated detailed discussions on pertinent issues relating to the home and young people. Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day-to-day basis to meet the needs of the young people.

Sampling of complaints records evidenced good governance, robust investigation and feedback being sought from complainants as part of the complaints process. This is good practice and supports the home to reflect upon what is working well, what could be improved and supports continuous learning and improvement within the service.

Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. Actions that restrict young people must have clear justification and be based on an assessment of risk, which evidences that the restriction is needed and proportionate. Restrictions must be regularly reviewed by relevant stakeholders, and informed by consideration of young people's rights. Restrictive practice records identified that restrictions which were being implemented within the home were supported by a robust framework of recording, which evidenced decision-making and review.

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	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and senior management team as part of the inspection process and subsequent enforcement action. 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 11 **Stated:** First time **To be completed by:** 18 December 2025	The registered person shall ensure that the children's home is conducted so as to promote and make proper provision for the welfare of children accommodated there. This should include robust internal and external governance mechanisms, with respect to risk management and safeguarding arrangements. Ref: 5.2.1
	Response by registered person detailing the actions taken:

	A range of measures have since been implemented to ensure robust governance mechanisms: - Daily audits, which includes an analysis of young people's safety plans and staff compliance of these safety plans - Recording logs reviewed daily by the management team and recorded on audit sheet (proforma in place to record this). Any issues to be followed up and discussed immediately with the team. - Review of safety plans to be discussed at weekly Team Meetings. This will incorporate ongoing trends, engagement and incidents. Any issues arising regarding safety plans will be addressed immediately by the management team with the assigned case management team /children's home staff. - Chronologies in place for all young people - with an emphasis on incidents, CSE and HSB concerns and to be reviewed by the management team. - Safety plans, ICSP's and risk assessments - updated and reviewed monthly by key/co-workers and reviewed by the management team of the Home (audit proforma in place from October 2025) - Core focus in supervisions is looking at safety plans, risk assessments and ICSP's. Discussion around compliance and implementation of these. - Core groups remain in place to discuss and manage risk with the Residential and Field teams. - Monthly Monitoring Officer to complete a sample review of other young people's daily logs in the Home and safety plans for the last three months. Findings to be reported back to management team and if any issues arise to be identified straightaway. - Monitoring Officer will ensure safety plans and recording is a focus of monitoring visits and comment on this within the Monitoring report.
Area for improvement 2 **Ref:** Regulation 24(1) **Stated:** First time **To be completed by:** 18 December 2025	The registered person shall ensure that there is a sufficient number of suitably qualified, competent and experienced persons working at the children's home to promote the welfare, safeguard and meet the needs of the young people accommodated. Ref: 5.2.2
	Response by registered person detailing the actions taken: An in-depth analysis of the staff team has been completed. One waking night and one residential social worker have been redeployed to the home on an interim basis pending vacancies being filled. Some staff members have also returned from sick leave, creating more stability and consistency in meeting the young people's needs. A further recruitment drive for waking

	nights and residential care workers will commence over the next two months to fill outstanding posts. A full management team is now in place following temporary recruitment of a second Deputy Manager. Roles and responsibilities of the management team have been reviewed and implemented. Management of the home meeting weekly to review trends and any issues in the home. A collective plan is agreed to address any issues at the earliest opportunity. A staff acuity model is now in place within the home. This is being used to analysis predicted vs actual staffing levels within the home on the daily Sitrep.
Area for improvement 3 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 18 December 2025	The registered person shall ensure that full and satisfactory information is available to the manager of the home in relation to the recruitment of staff, in line with Schedule 2 of The Children's Home Regulations (Northern Ireland) 2005. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has contacted the relevant agency, and they have provided a letter to confirm that they hold a full employment history of all agency workers. An agency folder is already in place in the Home and an additional check in respect of employment history oversight will be incorporated into the agency checklist. A column has also been added to the organisation's agency tracker in relation to ensuring that the employment history has been checked to enhance governance oversight.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 18 December 2025	The registered person shall ensure first aid training is provided within the home, to ensure staff are equipped with the skills and training required to meet the needs of the young people. Ref: 5.2.2
	Response by registered person detailing the actions taken: First Aid training dates had already been sought and staff booked onto these (further staff have been booked on as more training has become available – next First training is on the 13th of December 2025). Prior to the inspection, staff had been

	booked on to training, however several sessions were cancelled by the Trainer. Most of the Trust core staff are already trained in basic life support / defib. However, there is a plan in place to ensure staff are first aid trained over the coming months - all staff will be booked on to First Aid Training. This will be updated on in-house and residential training matrix.

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

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