The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN049041

2 December 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:** 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 2 December 2025 between 9.50 a.m. and 4.45 p.m. and was concluded on 22 December 2025 following further engagement with senior managers for the service. 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.

One area for improvement identified at the last care inspection was assessed as met, in relation to the Statement of Purpose (SOP).

Three new areas for improvement were identified in relation to, the fire risk assessment; resident's meetings; and recording practices. One new area for improvement in relation to medicines training is also included; resulting from a medicines management inspection on 16 December 2025.

Concerns were identified in relation to, staff culture; recording practices within the home; and evidence of meaningful engagement with young people. RQIA subsequently invited the provider's representatives to an Enhanced Feedback Meeting on 7 January 2026. RQIA required assurance that the senior management team were cited on the concerns, and had a robust plan in place to drive improvement and ensure young people's outcomes in this service were not adversely affected. RQIA also received assurance regarding the progress of a whistleblowing investigation by the provider related to this home that remained ongoing at the time of the inspection.

At this meeting, the provider's representatives outlined the actions taken and the plans in place to address these concerns. RQIA were assured that the provider's representatives had the capacity to drive forward the improvements required in the service. This will be discussed in greater detail in the main body of the report.

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 Enhanced Feedback Meeting.

4.0 What people told us about the service?

The inspector spoke with young people and staff on the day of inspection.

Feedback from young people provided a positive view regarding the relationships between young people and staff. They reported that staff were approachable, attentive and engaged young people in activities. Young people reported that the home was comfortable; the food available was of a high standard; and that they felt confident raising issues as required.

Staff confirmed there was good support available from the management team, however reported challenging dynamics, which indicated potential issues within the culture of the staff team. Staff described how these dynamics impacted on morale and the effectiveness of communication between staff members. Staff also reported concerns regarding the level of meaningful engagement between staff and young people.

As discussed in section 2.0, the provider's representatives were invited to an Enhanced Feedback Meeting on 7 January 2026 to address the concerns identified. 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 22nd 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 4 **Stated:** First time	The registered person must ensure that the Statement of Purpose is reviewed and updated where necessary to ensure the service provided is clearly described.	**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?

Records were available to support and direct staff in their interventions with the young people; such as, safety plans and Individual Crisis Support Plans (ICSP's). These records were regularly reviewed, updated and were reflective of the current risks and needs of the young people.

Meeting records provided assurance that young people and professionals involved in young people's lives met on a regular basis to discuss and review the therapeutic and care needs of young people. These meetings supported and informed child centred care planning.

However, young people's daily logs identified deficits in the quality of recording. These records did not contain the required detail to reflect the young people's lived experience; or provide assurance that the staff team were committed to engaging with the young people in a therapeutic manner.

Additionally, young people's meetings were not occurring on a regular basis. These meetings provide an opportunity for young people to raise any issues, express choices in regard to activities and influence the running of the home and delivery of care.

As a result, RQIA invited the provider's representatives to an Enhanced Feedback Meeting on 7 January 2026 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 recording practices and evidencing meaningful engagement with young people.

At this meeting, the provider's representatives provided an account of the actions they had taken and planned; which centred upon supporting staff to improve recording practices; strengthening internal governance mechanisms; and establishing escalation measures to address barriers to facilitating young people's meetings.

Two areas for improvement were identified in relation to recording practices and young people's meetings.

5.2.2 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 and discussion with the management team confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people.

Training records provided assurance robust arrangements were in place to monitor compliance with mandatory training requirements for the staff team in key areas such as safeguarding, therapeutic crisis intervention and fire training.

Evidence was available to confirm that 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 staffing arrangements and safe care for young people within the home.

However, feedback from staff raised concerns regarding the culture within the home. As discussed in sections 2.0 and 5.2.1, RQIA invited the provider's representatives to an Enhanced Feedback Meeting on 7 January 2026 to address the concerns identified. At this meeting, RQIA received assurances regarding actions they had taken and planned; which centred upon enhanced training and engagement regarding staff culture and values, alongside robust human resources actions and processes. RQIA will continue to monitor and review the quality of service provided in this home through future inspection activity.

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

The home presented as a comfortable, homely and welcoming space for young people to live. A well maintained outdoor space was available; however, ongoing external works in the surrounding area had limited the amount of external space available to the young people. Plans

were in place for a replacement building that would better meet the needs of the young people, however, the required decant to an alternative location had resulted in significant anxiety amongst the staff team. RQIA received assurance that there was an engagement plan in place to inform staff regarding the pending changes to the service.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. However, the current fire risk assessment was not on file on the day of inspection. It is essential the fire risk assessment is on file and revised and actioned as necessary or whenever the fire risk changes. This has been identified as an area for improvement.

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

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 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.

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.

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	3*

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

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 Enhanced Feedback Meeting. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 31

Stated: First time

To be completed by:
27 January 2026</td><td>The registered person shall ensure a current fire risk assessment and fire management plan are on file and revised and actioned as necessary or whenever the fire risk has changed.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
- Fire officer has provided a copy of the original Fire Risk assessment 04/02/25 and this is in the Fire File in the main Office.
- Fire Officer completed the yearly risk assessment on 14/01/26 and a report has been provided and placed in the fire file.
- Manager has reported the two listed actions to estates for action/ resolution.
- Additional actions for Estates has been shared with estates managers and placed on the risk compliance sheet.</td></tr>
<tr><td colspan="2">Action required to ensure compliance with The Minimum Standards for Children’s Homes (Department of Health) (2023)</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Appendix 1, Standard 1

Stated: First time

To be completed by:
31 December 2025</td><td>The registered person shall ensure that the management of medicines is undertaken by trained and competent staff and systems are in place to review staff competency.</td></tr>
<tr><td>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.

Ref: 3.3.6</td></tr>
<tr><td>Area for improvement 2

Ref: Standard 1

Stated: First time

To be completed by:</td><td>The registered person shall ensure staff facilitate regular young people’s meetings where young people have the opportunity to raise issues and express views, wishes and feelings on all matters affecting them.

Ref: 5.2.1</td></tr>
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27 January 2026	**Response by registered person detailing the actions taken:** - Two staff have been allocated the role of facilitation of resident's discussions to take place at least once a month. - An interpreter will be booked monthly to support communication and sharing of the young people's voices opinions and experience. - Staff facilitating the meeting will capture the voice and wishes of the young a collection of group discussions, individual discussions, and key worker sessions. - The staff members will ensure this is recorded within the shared folders for easy access for all. In addition, feedback and review will happen monthly as part of the agenda of team meetings.
Area for improvement 3 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 27 January 2026	The registered person shall ensure recording practices for daily records are in line with professional standards and in accordance with NISCC codes of practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: - Staff have been provided with a written standard of expectations of what should be included within the electronic records and discussed at a Team Meeting. - The management team are reviewing a daily sample of electronic records and feedback is being provided to the whole staff group both verbally and written. The staff team are encouraged to be part of team reflection and feedback about recording. - Management team are collating themes identified from the recording oversight/ audit and focusing on strengths and areas of development. Identified themes will be shared with the team. - Recording will be a focus of monthly monitoring visits and progress will be reflected in the report. - Management team to continue to review progress and assess if additional training is required.

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

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