The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048690

7 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:** – Western Health and Social Care Trust	**Manager status:** Not 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 7 October 2025 between 9.15 a.m. and 6.00 p.m. The inspection was conducted by two care inspectors. The inspection was concluded on 14 October 2025 following submission of additional information post inspection.

The inspection assessed progress with 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 from the last inspection, relating to pre-admission processes, was assessed as met. Inspectors were satisfied that the process implemented was robust and effective, with the management team reporting a positive impact on decision-making and planning for admissions, supporting more informed placement decisions. Two areas for improvement were identified for a second time. These were in relation to handover records and governance arrangements in place for monitoring staff compliance with training.

One area for improvement, in respect of medications, was not reviewed during this inspection and has been carried forward to the next inspection.

New areas for improvement were identified in relation to fire safety; staff training; behaviour management; quality assurance of young people's records; residential care plans; statement of purpose; the home environment and submission of an application to vary the premises.

These findings raised concern that governance arrangements were not sufficiently robust to identify and address issues and concerns in a timely manner.

RQIA therefore invited the provider's senior representatives to an Enhanced Feedback Meeting (EFM) on 4 November 2025 to address the concerns identified. At this meeting, the representatives provided an account of the actions taken post inspection and further actions planned to drive the necessary improvements within this service.

RQIA were assured that the senior management team were cited on the concerns identified and had a robust plan to drive improvement. This is discussed in further detail in the main body of the report. RQIA will monitor progress in this area as part of future inspection activity.

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 also 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 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 inspectors spoke with young people, the manager, deputy manager and staff.

Staff and the management team reported that, following a prolonged period of instability and temporary changes in management, the home was now experiencing greater stability. They attributed this to changes in group dynamics, the implementation of an effective pre-admission process, a collaborative team approach, and ongoing support from the senior management team.

Engagement with both staff and young people confirmed that staff and the management team were committed to delivering compassionate, person-centred, strength-based care, keeping young people safe and providing opportunities for positive experiences.

Young people described positive relationships with staff and felt well cared for. They shared that staff promoted their individual interests, enabled then to contribute to decision-making about their care and daily life in the home, and maintain positive connections with relatives/carers and friends. In addition, young people provided feedback about their lived experience, which was acknowledged and discussed with the management team for consideration and action as appropriate.

Inspectors observed young people and their interactions with staff. Staff were compassionate, warm, respectful and caring, and young people were relaxed and comfortable in their surroundings and engaged positively with staff.

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?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 22 May 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Appendix 1, Standard 2

Stated: Second time</td><td>The responsible person shall ensure that medicine related records; including personal medication records and medicine administration records are fully and accurately completed.</td><td rowspan="2">Carried forward to the next inspection</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.</td></tr>
<tr><td>Area for improvement 2

Ref: Standard 18

Stated: First time</td><td>The responsible person shall ensure that handover records are sufficiently improved to:

• identify who provided the handover and who received it
• reflect proactive planning, day to day risk management arrangements and a co-ordinated approach to meeting the needs of the young people for the day ahead.</td><td></td></tr>
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	Action taken as confirmed during the inspection: A review of a sample handover records did not demonstrate the proactive and co-ordinated approach to daily planning and risk management arrangements described by staff. Incomplete records have the potential to reduce clarity of required interventions and task allocation, potentially affecting continuity of care by staff across shifts. This area for improvement has been identified for a second time.	**Not met**
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that the admissions process is reviewed and improved where necessary. Evidence should be available for inspection to show placement decision making and the matching process gives due consideration to: • the age range and group composition of the young person presented for placement and young people in the home • the physical, social and emotional wellbeing of the young person presented for placement and the group already resident within the service • the potential impact upon the safety and wellbeing on all the young people if a new young person is introduced • actions that aim to reduce or eliminate risks and manage safeguarding needs of all individuals if the placement proceeds • a clear understanding of the young person presented for placement and the capacity of the service to safely, and effectively meet their needs alongside the needs of young people living in the home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 4 **Ref:** Standard 17 **Stated:** First time **To be completed by:**	The registered person shall improve the governance arrangements in place to monitor and review compliance with staff training and ensure evidence of the implementation of responsive training plans to address staff training needs is in place and monitored.	**Not met**
	Action taken as confirmed during the inspection: There was limited evidence of improved effective mechanisms in place to monitor and ensure the timely delivery of staff training. In addition, inspection findings identified low compliance with staff training. This will be discussed further in Section 5.2.2. This area for improvement was therefore restated 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?

Effective team working and staff collaboration are essential in ensuring that young people receive the right care at the right time. This approach supports coordinated decision-making, consistent practice, and timely responses to young people's needs. Discussion with staff and the management team evidenced a commitment to collaboration and to supporting the integration of new team members. Effective teamwork was also identified as a key factor in the team's resilience during periods of instability and challenge.

Sampling of the rota and discussion with staff confirmed that staffing levels were consistent with the staffing model and reflective of the assessed needs of the young people. Staffing arrangements were responsive and increased where necessary based on risk, with the aim to safeguard young people and promote their wellbeing. Advice was provided to improve the rota, by ensuring staff designation and shift coordinators were clearly identified. The manager agreed to implement these changes.

Discussion with young people and staff, and review of records, confirmed that staff proactively sought young people's views. Complaints were responded and escalated to senior management as required, demonstrating that young people's views were respected, and they were supported to have a voice in matters affecting them.

Young people's care records provide a key record of their individual needs, risks, and strengths, guiding staff in planning interventions to address young people's needs and manage risks on an

ongoing basis. It is essential these records are completed in full, reviewed and updated where required, to ensure they are effective and responsive to any changes or emerging concerns.

Sampling of young people's care records identified some evidence of effective care planning and risk management arrangements; however, some records were incomplete. In addition, the process for developing safety plans with young people's involvement and ensuring they are subject to regular review should be strengthened. Where appropriate daily records should reflect that staff interventions align with agreed safety plans. Inconsistencies identified highlighted the need for improved governance and auditing processes to ensure that care records are completed in full, accurately reflect young people's needs, and support timely identification and resolution of any issues. An area for improvement was identified.

The provider had commenced a pilot in the service, implementing the Northern Ireland Framework for Therapeutic Care (NIFTC), which provides a structured, consistent approach to meeting the needs of young people in care through therapeutic person-centred planning. However, young people not included in the pilot did not have a residential care plan. The absence of a plan that provides staff with clear guidance as to how each young person likes to be cared for, their individual needs and any potential risks that need to be considered; may result in an increased risk that young people experience inconsistent, poor quality care that does not support them to achieve positive outcomes. An area for improvement was identified.

Review of records relating to behaviour management identified gaps in the application, monitoring and oversight of consequences. Some consequences used were not aligned with legislation and minimum standards, and there was no evidence this had been identified or addressed by the management team. In addition, records did not demonstrate consideration of the underlying needs influencing behaviours of concern, limiting opportunities to reflect on practice, identify patterns or triggers, and develop effective strategies to support positive behaviour. An area for improvement was identified.

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

Bringing staff together on a regular basis is essential for 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 young people. A review of team meeting minutes confirmed meetings were held regularly, and focused on ensuring staff were working together to deliver care that was trauma-informed, compassionate, safe and effective. Minutes also demonstrated representatives from the wider multi-disciplinary group attended the meetings which informed staff knowledge and supported the delivery of individualised care.

As outlined in Section 4.0 there was limited evidence of improved mechanisms in place since the last inspection on 22 May 2024, to monitor and ensure the timely delivery of staff training. Consequently, a review of training highlighted significant deficits in the number of staff trained across a range of key areas; including Safeguarding (Children), First Aid training; Fire Safety training; Fire Safety Awareness training; Deprivation of Liberty Safeguards (DoLS) training; Therapeutic Crisis Intervention (TCI) training; medicines training; and Child Sexual Exploitation (CSE) training. These gaps raised concerns about the management team's ability to ensure safe staffing arrangements and that staff on duty were sufficiently trained to care and support the young people in their care on a day-to-day basis. An area for improvement was identified.

During the meeting with the provider's representatives on 4 November 2025, they acknowledged RQIA's concerns and provided assurance a plan was in place to address the deficits as a matter of priority. This was supported by a plan to strengthen governance processes to monitor progress and ensure sustained improvement.

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

The ability for young people to influence how their home environment is presented reinforces the message that their views are valued and their input is valued. The environment was welcoming and a homely atmosphere was observed. Young people had been supported by staff to decorate the home for a festive period, and this approach contributed to young people's sense of ownership over their own home.

However, evidence of wear and tear was observed in young people's ensuite bathroom facilities. A condition survey should be undertaken to determine if these facilities require improvement and/or replacement. Young people should also be consulted. An area for improvement was identified.

Discussion with the management team and review of fire safety records raised concerns in relation to the effectiveness of fire safety arrangements in the home. A fire risk assessment completed on 17 April 2024 included an action plan, however there was no evidence that actions had been progressed or the assessment reviewed. This was particularly concerning given a recent fire-setting incident in the home. An area for improvement was identified.

During the meeting on 4 November 2025 the provider's representatives confirmed that the fire risk assessment had subsequently been reviewed by an accredited fire officer. Assurance was also provided that all resultant actions would be completed in a timely manner, with relevant escalation procedures followed as required.

In addition, gaps identified in the fire evacuation programme highlighted the need to ensure all young people and staff are familiar with fire procedures. Following the inspection, assurance was provided by the manager that additional drills had been completed, and maintained, as required.

Recent adaptions to the home require submission of a variation to the home's registration, accompanied by updated installation commissioning certification. An area for improvement was identified.

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

It is essential that staff possess the appropriate knowledge, skills and specialised training to enable them to meet the complex and diverse needs of young people. The inspection process identified that the staff training programme was not aligned to the statement of purpose for the service and categories of care under which the service is registered.

The absence of the required knowledge and skill base could compromise the care and protection afforded to young people with specific needs. The provider should therefore submit an application to vary the service's registration to remove the identified category of care, or

implement the necessary training programme that ensures staff skills, knowledge and training are appropriate to meet the requirements of the registered categories of care. An area for improvement was identified.

RQIA were concerned the inspection findings and the resultant Quality Improvement Plan (QIP) highlighted weaknesses in quality assurance and governance arrangements within the home. Strengthening these mechanisms was identified as essential to support the management team to drive improvement and support the staff team to promote positive outcomes for the young people.

During the meeting on 4 November 2025, the provider's representatives provided assurance regarding the measures taken and further actions planned to improve governance and quality assurance arrangements. This included review of monthly monitoring visits as required by Regulation 32, The Children's Home Regulations (Northern Ireland) 2005 to ensure they are an effective mechanism to identify deficits at an early stage, ensure any concerns are addressed in a timely manner, and support continued improvement.

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	5	6*

*The total number of areas for improvement includes two that have been stated for a second time and one which is carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 11 January 2026	The registered person shall ensure that the fire risk assessment is regularly reviewed, including whenever there are changes to the premises, occupancy, or identified risks. Any actions arising from the assessment must be addressed promptly, with an up to date action plan maintained to evidence completion and ongoing compliance. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Fire Risk Assessment will be reviewed on a monthly basis and/or when there are any changes to the home including occupancy levels and any identified risks.The Annual Fire Risk Assessment was completed on 03.12.25, this includes an up to date action plan which is being maintained to evidence

	ongoing compliance by the registered manager. Business Plans for the various Minor Capital Works have been submitted, progress on these will be kept under review through the monthly monitoring process. A job request to Estates Services has been submitted to address any areas stated in the Fire Risk Assessment Action Plan. A Children's meeting also took place to specifically address the risk of fire through smoking and vaping as part of the Fire Risk Assessment Action plan.
Area for improvement 2 **Ref:** Regulation 12 (1) **Stated:** First time **To be completed by:** 11 January 2026	The registered person shall ensure that each young person has an individual residential care plan which clearly identifies their assessed needs, day to day care arrangements, and the actions required to support young people to achieve their goals. The care plans should be subject to review and updated where required to reflect any changes, ensuring care is planned and delivered in line with young people's assessed need. Ref: 5.2.1.
	Response by registered person detailing the actions taken: The registered manager shall monitor that keyworkers maintain an individual residential care plan for their key child, which clearly identifies the young person's assessed needs, day to day care arrangements and all actions required to support the young person. Care plans will be reviewed at monthly care planning meetings and updated to reflect any changes to ensure the young perosn's care is planned and delivered based on their individual need.
Area for improvement 3 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 11 January 2026	The registered person shall ensure that all sanctions or consequences implemented within the home are in line with Volume 4 of the Children Order Guidance, Regulations and minimum standards. Robust governance systems should be in place to ensure that the home adopts a proportionate, consistent approach in managing behaviour. Records should be maintained that evidence quality assurance by the management team and that the effectiveness of sanctions and consequences has been reviewed and learning used to inform future practice. Ref: 5.2.1

	Response by registered person detailing the actions taken: The registered manager will review the Consequences Record Book in line with the Monthly Monitoring Process to ensure that all sanctions are porportionate and consistent in their approach to managing behaviour and are inline with Volume 4 of the Children Order Guidance, Regualtions and minimum standards.
Area for improvement 4 **Ref:** Regulation 37 (h) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that RQIA are notified of the change to the premises, following the installation of solar panels in the home, by way of an application to vary the registration. This application must include the required estates documentation. Ref: 5.2.3.
	Response by registered person detailing the actions taken: The Registered Manager has through the RQIA Portal requested the variation to reflect the installation of solar panels to the home.Documentation has been requested from Estates Services and will be uploaded to the Portal when received.
Area for improvement 5 **Ref:** Regulation 4 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that staff have the knowledge, skills and training required to meet the needs of young people in line with registered categories of care. Where a category of care is included on the registration certificate and Statement of Purpose, a training framework must be in place to support staff skill, knowledge and competence. Alternatively, the provider should submit a variation to remove the category of care if determined, the service will no longer provide for this category of care. Ref: 5.2.4
	Response by registered person detailing the actions taken: The registered manager shall ensure that all staff have the knowledge, skills and training to meet the needs of our young people and in line with the registered catagories of care, a training matrix has been devised to support staff and identify training skills, knowledge, competence and needs in training.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	

Area for Improvement 1 **Ref:** Appendix 1, Standard 2 **Stated:** Second time **To be completed by:** Ongoing from the date of inspection (22 May 2024)	The responsible person shall ensure that medicine related records; including personal medication records and medicine administration records are fully and accurately completed. Ref: 5.1
	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.
Area for improvement 2 **Ref:** Standard 18 **Stated:** Second time **To be completed by:** 11 January 2026	The responsible person shall ensure that handover records are sufficiently improved to: - identify who provided the handover and who received it - reflect proactive planning, day to day risk management arrangements and a co-ordinated approach to meeting the needs of the young people for the day ahead. Ref: 5.1
	Response by registered person detailing the actions taken: The handover file has been adapted to ensure the person providing the handover and who has received it has been identified, the adapted handover file is also reflective of the proactive planning and day to day risk management arrangements to ensure a co-ordinated approach is made to meeting the needs of the young people for the day ahead and identify any needs which should to be made.
Area for improvement 3 **Ref:** Standard 17 **Stated:** Second time **To be completed by:** 11 January 2026	The registered person shall improve the governance arrangements in place to monitor and review compliance with staff training and ensure evidence of the implementation of responsive training plans to address staff training needs is in place and monitored. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The registered manager shall ensure the monitoring of staff's knowledge, skills and training to meet the needs of our young people. A new training matrix has been devised to support both managers and staff to identify training skills, knowledge, competence and needs, this will also be monitored on a monthly basis.
Area for improvement 4 **Ref:** Standard 16 **Stated:** First time	The registered person shall ensure that robust audit and quality assurance arrangements are in place to monitor the accuracy, completeness and consistency of all care planning and risk management documentation. An action plan and regular review process should be developed which addresses

To be completed by: 11 January 2026	any deficits or concerns regarding quality and inconsistency of recording. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered manager shall monitor on a monthly basis all keyworker's audits of their key child's records, to monitor the accuracy, completeness and consistency of all care planning and risk management documentation. Any deficits or concerns will be addressed in Supervision with a paln of action to bring the records up to the required standard agreed.
Area for improvement 5 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 11 January 2026	The registered person shall ensure staff are equipped with the skills and training required to meet the needs of the young people and have undertaken the required mandatory training. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered manager will ensure that all staff complete the required mandatory training required to meet the needs of the young people and that this training is accurately recorded and regularly monitored and reviewed.
Area for improvement 6 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 11 January 2026	The registered person shall ensure that a condition survey of the young people’s ensuite bathrooms facilities is undertaken, with a plan of works identified if required. Young people should be consulted as part of this review. Ref: 5.2.4
	Response by registered person detailing the actions taken: Estates services have been contacted by the registered manager to enquire as to the status of the business plan submitted regarding the replacement of the young people's ensuite bathrooms, the young people will be at the centre of any further consultations regarding this.

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

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