The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048669

20 January 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:** – Southern Health and Social Care Trust	**Manager status:** Not registered
Brief description of how the service operates: The children living in this home may have had traumatic experiences and have been assessed as in need of 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 20 January 2026 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 determined if the home was delivering safe, effective and compassionate care and if the service was well led.

Two areas for improvement identified at the last care inspection were met in relation to governance arrangements for training and restrictive practices. An area for improvement in relation to Individual Care Support Plans (ICSPs) will be stated for a second time. Four new areas for improvement were identified pertaining to, staff training, home environment, staff recruitment and managerial oversight of sanctions and rewards.

Staff had a detailed understanding of young people's individual needs and positive relationships were evident. Young people were supported by a stable and experienced staff team. Additionally, the young people had access to a network of professionals to support and guide.

The inspector concluded there was safe, effective and compassionate care delivered in the home.

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 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 management team in charge at the conclusion of the inspection.

4.0 What people told us about the service?

The inspector spoke with young people, staff and the management team. Feedback provided a positive view regarding care and support provided. Staff were observed to engage with young people in a manner that was positive and caring. Young people were observed to be at ease in the presence of staff, seeking support and interacting in conversation throughout the day. Young people told us that they liked living in the home and that there were good relationships with staff.

Discussions with the management team and staff reflected upon the complexity of young people's needs, the group dynamic and the subsequent demands on the staff team. Positive feedback was received from staff with regards to support they receive from the management team and the ability of the team to provide therapeutic care for each young person.

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 21 October 2024</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for Improvement 1

Ref: Regulation 16

Stated: First time</td><td>The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that:

- it is implemented on the basis of an assessed need or risk related to the individual young person
- it is the least restrictive option and all other options have been exhausted
- it has been agreed with the multi-disciplinary team, the young person and/or their representative as appropriate,
- there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary.

Ref: 5.2.3

Action taken as confirmed during the inspection:
This area for improvement was met.</td><td>Met</td></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>Area for Improvement 1

Ref: Standard 6

Stated: First time</td><td>The registered person shall ensure that Individual Crisis Support Plans (ICSPs) clearly detail the agreed physical holds, explaining why it is necessary and how it supports the young person's safety and emotional regulation.

Ref: 5.2.1

Action taken as confirmed during the inspection:
This area for improvement was not met. No agreed physical holds were documented on sampling of young people's ICSPs.</td><td>Not met</td></tr>
</table>

Area for improvement 2 **Ref:** Standard 17 **Stated:** First time	The registered person shall ensure there are robust governance arrangements in place to ensure effective oversight and monitoring of staff's compliance rates in training areas, in order to drive improvement in this area. This should also include as and when and domestic/auxiliary staff, as applicable. Ref: 5.2.2	**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?

Agreed strategies that support robust safety planning are essential to ensure that staff interventions promote the young people's safety and wellbeing. Records were available to support and direct staff in their intervention with the young people. Evidence was also available that these records were reviewed and updated, with the involvement of multi-disciplinary professionals, identifying risk, support strategies and measureable outcomes.

Young people's risk assessments and safety plans were available to guide and support staff during incidents or periods of increased risk. The records were factual and detailed, providing clear direction for staff. ICSPs were reviewed which emphasised de-escalation techniques; however they did not clearly outline pre-agreed permissible holds that are appropriate to each young person's specific circumstances and history. This will ensure that any physical intervention is used safely, ethically, and as part of a comprehensive strategy to manage crises. This area for improvement was not met for a second time.

Review of group impact assessment processes identified good practice in relation to proposing actions to reduce any potential risks associated with the admission of a new young person to the home, and how the wellbeing of the group as a whole could be promoted.

Young people's daily logs identified the quality of recording was of a good standard and the detail recorded reflected the young people's lived experiences. These records alongside feedback from staff and young people, provided assurance that the staff team were committed to engaging with the young people in a therapeutic manner. Discussions with staff confirmed they knew the young people well and how they liked to be cared for.

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

Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the appropriate skills, competence and experience necessary to deliver safe and effective care to the young people in the home. Records confirmed that the service had a robust framework in place for assessing staff competency during the induction process. However, in terms of staff recruitment, this was led by the Senior Management team and evidence was not available that the management team within the home had oversight of staff recruitment. An area for improvement was identified.

Sampling of team meetings confirmed they were held on a regular basis. There was evidence of targeted discussions on the care planning needs of the young people and concerns noted by the staff.

Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people. Sampling of the rota and discussions with the management team identified the number of staff on shift was consistent with the staffing model employed by this home, which was based on the assessed needs of the current young people. The manager confirmed a pool of consistent bank staff were being utilised to fill current gaps in the rota, as a result of absence or vacancies, and they had a thorough understanding of the ethos of the home.

There was evidence the skills and knowledge of staff on duty each day was matched to meet the 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. Evidence of compliance with mandatory training was available in relation to key areas such as Safeguarding and Therapeutic Crisis Intervention (TCI). Nevertheless, there was a number of gaps highlighted relating to compliance with food hygiene and child sexual exploitation training. An area for improvement was identified.

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

Fire records evidenced fire safety checks were completed regularly and consistently. There was an up to date fire risk assessment with recommendations actioned promptly.

The home presented as a comfortable, homely environment for the young people with staff utilising soft furnishings and personalised artwork to create an inviting space. Discussions with the management team highlighted plans for a new kitchen to be fitted. However, other areas of the home appeared tired and run down; improvements are required in terms of paintwork and floorings in corridors and young people's bedrooms. An area for improvement was identified.

5.2.4 How does the service promote the voice of the young people?

Young people's meetings were sampled and there was evidence that these were scheduled regularly by the staff team. Due to ongoing group dynamics it was assuring young people's

views and wishes were sought by staff individually, recorded and actioned. Promoting young people's involvement and active participation in these meetings supports the young people to influence the way they are cared for, and reinforces that their views and opinions matter. Discussions with the manager also noted young people have access to advocacy services via Voice Of Young People In Care (VOYPIC) on a regular basis.

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

Review of the supervision matrix provided assurance that there were robust governance arrangements in place to monitor and review compliance in line with the supervision model adopted by the home. Discussions with staff confirmed they received regular, effective supervision both formally and informally.

Review of rewards and consequences records confirmed clear records were maintained of measures taken by staff to promote and encourage positive behaviour responses by the young people. Whilst sanctions presented as proportionate, there was no evidence of governance and oversight by the management team in relation to rewards and sanctions. An area for improvement was identified.

Complaints records confirmed good governance arrangements were in place and that there was a robust approach to investigation and resolution of complaints.

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	4 (*1)

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 24 **Stated:** First time	The Registered Manager should improve their oversight of the recruitment of staff into the home. The Registered Manager must have evidence available for inspection that provides assurance staff recruited are suitably qualified, competent and experienced, and they are satisfied the recruitment checks

To be completed by: 14 April 2026	undertaken are consistent with Schedule 2, The Children's Homes Regulations (Northern Ireland) 2005. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Trust's Human Resources department provide an email confirmation upon successful completion of pre-emplyoyment checks for any staff new to the organisation. This email will be held within the home for inspection as required. For Trust staff who join the bank list of the home their pre-employment checks would have been completed at the time of their commencement within the Trust and would not be accessible for the Home Manager - this is therefore being explored further with Human Resources to determine best way forward.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** Second time **To be completed by:** 14 April. 2026	The Registered Manager shall ensure that Individual Crisis Support Plans (ICSPs) clearly detail the agreed physical holds, explaining why it is necessary and how it supports the young person's safety and emotional regulation. Ref: 5.2.1
	Response by registered person detailing the actions taken: Achieved. ICSPs now all up to date with this information.
Area for improvement 2 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 14 April 2026	The Registered Manager should arrange for a review of the homes environment to be undertaken and if necessary a plan of works should be established to achieve a comfortable and homely environment that is well maintained and decorated. Ref: 5.2.3
	Response by registered person detailing the actions taken: Achieved. Discussions have taken place with Estates colleagues about a plan of works to include painting of the home and a replacement kitchen.

Area for improvement 3 **Ref:** Standard 3.12 **Stated:** First time **To be completed by:** 14 April 2026	The Registered Manager should put arrangements in place to ensure behaviour management strategies utilised in the home are well documented, evidenced as proportionate, and consistent with each individual child's care plan. The children and young people should also have the strategies/ approaches used explained to them in a way they understand. Ref: 5.2.5
	Response by registered person detailing the actions taken: Arrangements in place to ensure recording of any behaviour management strategies used within the home and appropriate oversight of same by the Home Manager.
Area for improvement 4 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 14 April 2026	The Registered Manager should ensure there are robust arrangements in place to ensure staff are equipped with the skills and training required to meet the needs of the young people and to deliver the practice model adopted by the home. Particular attention should be given to food hygiene and Child Sexual Exploitation training for staff. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff have booked to attend CSE training on available dates. Availability of Food Hygiene training has been escalated and discussions are ongoing to agree specific training dates to be scheduled for residential staff in the 2026-2027 training calendar.

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