The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048674

15 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:** – Belfast Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home have been assessed as having physical and or intellectual needs/disability and in need of medium to long term care.	

2.0 Inspection summary

An unannounced inspection took place on 15 January 2026 between 9.30 a.m. and 6.30 p.m. The inspection was conducted by two care inspectors.

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.

The inspection found that seven areas for improvement were assessed as met. These were in relation to, restrictive practices; notifiable events to RQIA; capturing young people's views; staff induction; staff training; staff support arrangements; and oversight of young people's plans.

Three new areas for improvement were identified in relation to safe recruitment, safeguarding incidents and the fire risk assessment.

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 person in charge and a senior manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with staff, young people and visiting professionals on the day of inspection.

Young people who were less able to communicate about how they found life in the home were seen to be relaxed in their surroundings and engaged well with staff. Staff were observed utilising social stories with young people to support their understanding and engagement. Inspectors observed young people seeking reassurance from staff, and clear evidence of warm, trusting relationships between the young people and staff members. Young people reported that staff were their favourite part of the home and that they were supported to take part in activities they enjoy.

Feedback from staff confirmed that the care provided to young people was person centred and compassionate. Staff reported good support available from the management team, however reported concerns related to communication and dynamics within the staff team. Inspectors reviewed evidence, which confirmed that these issues were known to the management team and robust action was being taken to address the concerns.

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 19 August 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 16 **Stated:** Fourth time	The registered person shall ensure that for all restrictive practices in place, there is a clear record that reflects who has been involved in determining and agreeing the need for the restriction and the timescale within which the restriction will be reviewed.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 29 **Stated:** Fourth time	The registered person shall ensure that all relevant events are notified to RQIA in a timely manner.	**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 1.8 **Stated:** First time	The registered person to ensure that arrangements are established to ensure young people have access to; • an appropriate forum or process in place to capture young people's views, wishes and feelings about the home and their lived experience that could contribute to the running and future development of the home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 17.10 **Stated:** Second time	The registered person to ensure that staff have access to a robust induction that assures they are equipped with the skills and knowledge to meet the needs of the young people.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 3 **Ref:** Standard 17.11 **Stated:** Second time	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people. This includes a robust training programme and competency assessment for staff responsible for medicines management.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 17.10 **Stated:** Second time	The registered person to ensure there are appropriate staff support arrangements within the home; to include access to debriefs, promotion of reflective practice and an open and transparent culture.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 5 **Ref:** Standard 16 **Stated:** Second time	The registered persons must ensure that that there is evidence of management oversight of assessments and plans which direct the care the young people receive. These records should be signed and dated, by the manager and there should be effective review arrangements recorded.	**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?

Young people's daily logs identified that the quality of recording was of a good standard and the detail reflected the young people's lived experience. These records, along with feedback from staff, 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, how they liked to be cared for, and the agreed strategies that promoted their safety and wellbeing.

Records were available to support and direct staff in their interventions with the young people; such as, care plans and my safety and support plans. Evidence was available that these records were regularly reviewed, audited and updated and were reflective of the current risks and needs of the young people.

Visits by an independent social worker are integral to promoting young people's safety and wellbeing. The visits aim to assess the quality of care the young people are receiving, and ensure that the young people's needs are being met in accordance with their care plan. Evidence was available that young people were being visited on a regular basis by an independent social worker.

Incident records did not evidence robust responses to potential safeguarding concerns. Whilst there was evidence of multi-agency collaboration to agree processes for specific safeguarding incidents, this was not accompanied by a robust framework of recording to provide assurance that incidents were properly investigated in compliance with Regional Child Protection Policies and Procedures. This has been identified as an area for improvement.

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

To support safe staffing arrangements, staff are required to have appropriate training in place to effectively meet the needs of the young people resident within the home, and to ensure safe, effective and compassionate care.

Inspection of the training matrix demonstrated that staff had access to an appropriate range of mandatory and specialist training. The matrix differentiated between staff currently working within the service and those not on duty due to maternity leave, employment break and sick leave. There was high level of compliance with mandatory training requirements for permanent staff, giving assurance that staff were suitably trained to meet the needs of the young people. There was evidence of managerial oversight, and a proactive approach to promoting inclusive practice in line with regulatory expectations.

Review of training records for some agency staff highlighted this information was not consistently available to the manager prior to staff being employed within the home.
Retrospective training dates were made available to inspectors during the inspection from recruitment agencies, which demonstrated that all mandatory training had been in place prior to their employment within the home. However, advice was provided that the manager should ensure that agency staff are fully compliant with mandatory training requirements prior to working within the service.

Safeguarding children training records lacked clarity, with both initial and refresher training dates recorded without clear distinction. This made it difficult to determine whether training was current. The management team were provided with advice to amend the training matrix to improve clarity

and oversight. It was also identified that first aid training was recorded as a one-off requirement; however, this training must be refreshed every three years. There was high compliance amongst the staff team and the management team gave assurances that the training matrix would be amended accordingly.

Face to face competency training for the administration of emergency epilepsy medication was facilitated by a registered nurse within the service. Whilst some staff had not yet completed this training, risk was mitigated through epilepsy awareness training, and emergency medication awareness training being in date for all staff. No emergency medication was being administered within the home; and the management team confirmed that face-to-face competency training would be completed at the earliest opportunity.

Staff records identified that some staff profiles did not include detailed information regarding criminal checks. This limits the managers ability to maintain effective oversight of vetting arrangements and as a result, assurance could not be fully provided that all staff records met the requirements of Regulation 25 and Schedule 2 of the Children's Homes Regulations (Northern Ireland) 2005. An area for improvement was identified.

Induction records provided assurance that staff undertake a competency based induction process. Induction records inspected were signed and dated by the manager and completing staff member.

Young people thrive when they have access to consistent caregivers and when they have the opportunity to form stable and enduring relationships. Sampling of the rota and discussion with staff confirmed that the number of staff members on shift, was consistent with the staffing model and based on the assessed needs of the young people. There was a consistent staff team available to the young people, however there was a lack of permanency across the staff team with temporary staff being used to bolster the rota. Assurance was received that recruitment was ongoing to achieve greater permanency in the staff team.

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

The home was nicely decorated and presented as a comfortable, welcoming and homely space for young people to live. Young people's bedrooms were decorated in line with their wishes and feelings. An outdoor space with child friendly equipment was also available to the young people. RQIA received assurance that robust processes were in place to ensure outstanding works within the home environment were completed promptly.

Review of fire safety records identified Easy Read documentation on file that the management team confirmed was used to complete social stories with young people to educate them in relation to fire safety. A robust Site-Specific Evacuation Procedure was held on file and there was evidence that this had been recently reviewed by the Lead Fire Warden. However, the fire safety checks were inconsistent. The fire risk assessment had not been actioned appropriately, and there was evidence of personal evacuation plans completed for young people, but these had not been reviewed for a significant period of time. An area for improvement was identified.

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.

Records reviewed identified robust governance systems in place to ensure effective oversight and monitoring of the home by senior management; and an evidence-based approach to auditing progress against identified goals.

Team meetings, staff huddles, supervision and appraisals were consistently completed and provided evidence of managerial oversight. Records were outcomes focused, accurate, contemporaneous and well-organised, with systems that were easy to navigate. There was evidence of trauma informed language throughout records sampled, and detail of what challenges were faced by the team and lessons learned shared.

Team meetings were structured with a clear agenda that staff could add to prior to meetings. Records showed that young people's wishes and views were routinely shared, discussed and translated into agreed actions with named responsibility. This could be improved as actions from previous meetings were not consistently reviewed or recorded as completed at subsequent meetings. This limits effective oversight and assurance that actions had been followed through. This was communicated with the manager during feedback and will be reviewed to ensure completed during next inspection. Attendance at team meetings was noted to be reduced at times. Management have been proactive in their attempts to improve attendance and have offered attendance remotely.

The staff team also had the opportunity to regularly attend a reflective practice forum. These forums support effective communication and provide a space for issues and concerns to be discussed, opinions to be expressed and a consistent approach in respect to how care is delivered and maintained.

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	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge and a senior 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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 26 February 2026	The registered person shall ensure evidence is available and maintained that all staff working in the home have been subject to safe and robust recruitment practices in line with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. Ref: 5.2.2
	Response by registered person detailing the actions taken: Response by the Registered Person Recruitment of permanent staff within the home continues to follow the Trust's strict recruitment and vetting procedures. This includes full compliance with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005, NISCC registration checks, and enhanced AccessNI disclosure checks, ensuring all required clearances are completed prior to commencement of employment. Agency staff are required to meet the same safeguarding and vetting standards as permanent staff. The registered manager has contacted one of the recruitment agencies to request amendments to their front sheet including a clear photo of the staff member currently employed within the home. The front sheet will also clearly outline all mandatory training completed prior to the staff member beginning work in the home. To strengthen oversight, agency staff will now be added to the home's training matrix so that compliance with mandatory and specialist training can be monitored alongside permanent staff. All relevant Trust training will also be made available to agency staff. In addition, the registered manager has contacted the relevant agencies supporting the home to request updated training schedules for long-standing agency staff to ensure all records are current and fully aligned with the home's training requirements.
Area for improvement **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 26 February 2026	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
	Response by registered person detailing the actions taken: Response by the Registered Person

	The fire risk assessments for 2024 and 2025 have been forwarded to the inspector for review. The fire file within the home has been updated, and the registered person is aware that although fire drills had been carried out in line with policy and procedure, they had not been recorded appropriately. This recording issue has now been addressed, and the fire file has been brought fully up to date. It now accurately reflects the current fire management arrangements and the assessed level of risk. The Belfast Trust Fire Manual includes an audit checklist, and this has now been amended to include an additional section specific to the home's requirements. This updated checklist has already been implemented, and monthly fire safety audits using the revised tool have now commenced. These monthly audits will continue on an ongoing basis to ensure consistent oversight and compliance with fire safety requirements. Audit findings are shared with staff through team meeting, supervision and reflective practice sessions which in turn reinforces good practice and addressed gaps in knowledge and training.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement **Ref:** Standard 4 **Stated:** First time **To be completed by:** 26 February 2026	The registered person shall ensure a robust framework of recording evidences that actions required in the event of a safeguarding concern related to a young person are in line with regional policy and procedure. Ref: 5.2.1
	Response by registered person detailing the actions taken: Response by the Registered Person A review of safeguarding recording practices has been completed, and a more robust framework for documenting safeguarding concerns has now been implemented within the home. This includes clearer guidance for staff on the standard of recording required, with an emphasis on ensuring that all actions taken in response to a safeguarding concern are fully aligned with the Regional Child Protection Policy and Procedures for Northern Ireland and Trust safeguarding processes. The registered manager has reinforced with the team the requirement to clearly document: the nature of the concern, actions taken at each stage, advice sought, multi agency discussions, decision making rationales, and outcomes. Staff have been reminded that safeguarding concerns must be reported and escalated in line with regional guidance, and that records must reflect accurate chronology and clear evidence of compliance with procedure.

	Additional oversight has been introduced through managerial review of safeguarding entries to ensure the quality, consistency, and completeness of records. Safeguarding as a standing item will continue to be discussed in team meetings, supervision, and reflective practice sessions to support staff understanding, reinforce learning, and ensure continuous improvement in safeguarding documentation.

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