The Regulation and Quality Improvement Authority

# Children's Home Inspection Report

## IN048670

## 9 January 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Service Type:**<br>Children's Home<br>**Provider Type:**<br>Health and Social Care Trust<br><br>**Located within:** – Belfast Health and Social Care Trust | **Manager status:**<br>Not registered |

**Brief description of how the service operates:**

This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).

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 the remainder of this report.

Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service. The application sought to relocate the service to a temporary premises to enable remedial works to be undertaken to the home.

## 2.0 Inspection summary

An announced inspection took place on 25 November 2025 between 9.00 a.m. and 3.30 p.m. of the proposed temporary premises and was undertaken by two care inspectors and an estates inspector. The aim of this inspection was to review the environment and seek assurance regarding the plans in place to support the safe and effective transition of the service to the temporary premises. A further unannounced care inspection took place at the permanent premises on 9 January 2026. This inspection was conducted by two care inspectors and was concluded on 26 January 2026 following submission of additional information.

Information was gathered throughout the inspection process to support assessment of the application to vary the registration submitted to RQIA, and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection process concluded that arrangements were in place to support an effective transition to the temporary premises and that the care provided by the service was safe, effective, compassionate, and well-led, and aligned with the Statement of Purpose (SoP). Areas for improvement were identified in relation to staff training, restrictive practices and advocacy arrangements for young people within the home.

The application to vary the registration was subsequently approved by RQIA on 3 February 2026 for a time limited period; making provision for remedial works to be taken to the permanent premises.

## 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 children/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 at the conclusion of the inspection.

## 4.0 What people told us about the service?

The inspectors spoke with young people, staff, the manager, and a senior manager.

No feedback was received by RQIA via questionnaires or electronic survey post inspection.

The staff and management team described comprehensive and ongoing preparations for the transition to the temporary premises. Evidence reviewed confirmed that planning reflected each young person's individual needs, strengths, and risks, with a clear focus on supporting a positive transition and minimising potential distress.

Young people reported being happy and cared for in the home. Inspectors also observed the young people and their interactions with staff during the inspection. The young people presented with relaxed and trusting body language. Staff demonstrated compassionate, warm, and caring approaches, and were observed adapting their communication to meet the individual needs of each young person.

Whilst staff described their role as challenging at times, they also spoke compassionately about the young people in their care. Staff demonstrated a clear commitment to enabling young people to achieve their potential and confirmed that care of young people was informed by rights-based, trauma-informed and young-person-centred practice.

Staff reported that support from the management team was consistently responsive and accessible. Team morale was described as positive, with staff citing an open culture that promoted learning, development and continuous service improvement. They confirmed access to induction and regular supervision. Additionally, they reported that management and leadership arrangements within the service were effective and responsive to staff needs and views.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection identified no areas of improvement.

### 5.2 Inspection findings

#### 5.2.1 How does the service ensure young people experience a safe and high quality environment?

This inspection process included a focus on the application submitted to RQIA to vary the registration of the service, the quality and safety of the proposed environment and the services' readiness to deliver safe, effective and compassionate care in the temporary premises.

The temporary premises was a spacious adjoining two-storey property situated in a residential area that had close proximity to other homes and building. There was a private enclosed rear and front garden with ample space for young people to play. Parking facilities were also available onsite.

The bedrooms and shared areas within the home were spacious, decorated to a good standard, and offered adequate natural and artificial lighting throughout. Designated areas within the home had also been identified for the safe storage of care records, petty cash, medication and hazardous cleaning substances.

The premises was within close proximity to public transport, leisure centres and other essential amenities and the management team advised of plans to support young people to avail of the local amenities and integrate into the community.

The management team and estates services worked in partnership to create a nurturing and homely environment that promoted a sense of belonging and safety for young people. The young people's bedrooms and living rooms were domestic in character and suitably designed for their purpose. The management team advised that furniture and young people's belonging would be transported in advance of the move and that young people would be supported to personalise their bedroom to reflect their individual interests, safety and care needs.

Dedicated space was available to accommodate staff with appropriate arrangements to ensure sufficient sleep-in space if required, facilities and office space.

Additional supporting evidence was received, post inspection, with respect to the environment which provided assurance that the required actions were taken, such as personalising young people's bedrooms to create a safe, secure and nurturing home environment.

Documentation presented during and subsequent to the inspection confirmed that the temporary premises', engineering services and equipment were installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations were being implemented.

From an estates perspective RQIA were satisfied that the premises' were suitable to meet the aims and objectives, as described in the home's Statement of Purpose. No new, premises related, areas for improvement were identified.

During the inspection of the main home on 9 January 2026, the home environment and surrounding gardens were observed to be unkempt, unclean, and in need of tidying and/or repair. The management team provided assurance that the current condition of the home was due to the ongoing decant process and that the home was ordinarily maintained to a more welcoming and orderly standard. The managers also provided assurance that the cleanliness of the home would be maintained.

Children's homes must be maintained in a way that ensures young people experience a safe and high quality environment; this give a strong message to young people that they matter. Progress in this area will be monitored through future inspection activity.

**5.2.2. How does the service ensure young people are getting the right care at the right time?**

Timely access to supports and services, informed by effective care and risk planning is essential in supporting young people to receive the support and care they need to lead healthy and fulfilling lives.

Discussion with staff and sampling of care records, highlighted staff and the management team had a thorough and detailed knowledge of each child. Care records designed to guide staff in meeting individual needs were comprehensive, clearly recorded, and aligned with the children's assessed needs and risks. Effective engagement with a range of external professionals, had also strengthened the service's capacity to meet children's needs and respond to behaviours that may place them at risk.

Each child had an individualised risk assessment and crisis support plan, which were readily accessible to staff, subject to regular review and updated in line with changing needs. Staff demonstrated a strong value base, with practice consistently described as child-centred and informed by children's rights. Additionally, a strength-based approach to caring for young people, coupled with a focus on supporting them to develop life skills appropriate to their age, ability and stage of development was also evident.

Discussion with staff and a review of care records evidenced that the planned transition to the temporary premises was informed by young person-centred and trauma-informed practice, delivered in partnership with children and relevant professionals. Preparation work was tailored

to young people's needs and arrangements were in place to ensure additional support was available, if required.

At times young people require restrictions to be in place to help keep them safe. To ensure these measures are effective and right-based they should be, informed by a clear rationale, be the least restrictive measure and remain subject to ongoing review. The management team advised that restrictive practices were used as a last resort, were proportionate to the assessed risk of harm and implemented and reviewed in partnership with the multi-disciplinary team.

Discussion with staff and a review of available restrictive practice records confirmed evidence of multi-disciplinary involvement and clear rationale for several current measures. However, aspects of some practices, outlined within young people's plans lacked clear rationale, review and/or reduction processes. This was discussed with the manager and senior manager post inspection. Assurance was provided these measures had been previously used as a last resort and in response to immediate risks. The provider confirmed these measures where not confirmed for use as a planned intervention; and agreed to review their use and remove from care plans. An area for improvement was identified.

Promoting the participation of young people in decision-making processes about their lives is vital for supporting them to develop this essential life skill and, for young people who are cared for, is, central to fostering belonging and supporting personal agency. Discussions with staff and the management team demonstrated a strong commitment to upholding the individual rights of young people, including their right to contribute to decisions about their day-to-day care within the home. However, a review of available records did not provide sufficient assurance that systems to seek, record, and act upon young people's views were consistently robust or applied in a reliable manner. An area for improvement was identified.

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

Although the home continues to rely on bank staff to supplement the staff rota, the provider is aware of this issue and work is ongoing to strengthen staffing arrangements. Discussions with the management team, alongside a review of the staffing model, rota, and governance arrangements, provided assurance that current and planned staffing arrangements were sufficiently robust. Assurance was provided that staffing levels were flexible and responsive to maintain safety and ensure that young people's care plans and safety plans can be implemented effectively.

A review of staff training confirmed governance processes were in place to monitor and review compliance with training. However, there were notable gaps in training including safeguarding, first aid and fire safety. Assurances were provided by the management team that a plan was in place to address these gaps as a matter of priority. Assurances were also provided that effective governance processes were in place to ensure safe staffing arrangements on a day to day basis, in terms of staffing levels, experience and training.

Discussion with staff, the management team and a review of available records, including team meeting minutes, provided assurance there was good communication systems within the home. These systems supported effective team working, developing a shared vision and informing the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people. Advice was given to strengthen team meetings further in respect of

improving staffs' access to minutes and ensuring that progress of agreed actions is monitored and reviewed.

## 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 |
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| **Total number of Areas for Improvement** | 1 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and senior manager as part of the inspection process. The timescales for completion commence from the date of inspection.

| **Quality Improvement Plan** | |
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| **Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 16<br><br>**Stated:** First time<br><br>**To be completed by:**<br>03 June 2026 | The registered person shall ensure robust processes are in place for the implementation and review of all restrictive practices. Records should clearly evidence that:<br><br>- it is implemented on the basis of an assessed need or risk related to the individual child<br>- it is the least restrictive option and all other options have been exhausted<br>- it has been agreed with the multi-disciplinary team, the child and/or their representative as appropriate,<br>- there is a timescale for review, which will involve review of its effectiveness/outcomes and the impact on the child.<br>- Includes a reduction plan where appropriate.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>Restrictive practices are reviewed regularly at team meetings, care network meetings and LAC reviews. Home Level Reflective Governance chaired by Principal Social Worker is |

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| | taking place on 15/05/2026 and will focus on review of the restrictive practice register. |
| **Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>03 June 2026 | The registered person shall ensure that an effective system is in place to ensure:<br><br>• Young peoples' rights, views, wishes and feelings are understood, heard and acted upon in the day to day running of the home. Where possible, young people should be provided with an opportunity to discuss their views in young people's meetings.<br>• Timely feedback is provided to young people in respect of their expressed views, wishes and feelings.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>This has been actioned since the inspection with weekly young people meetings taking place and reviewed in team meetings. Young people are then provided with feedback on their requests. |
| **Area for improvement 3**<br><br>**Ref:** Standard 17.11<br><br>**Stated:** First<br><br>**To be completed by:**<br>03 June 2026 | The registered person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people.<br><br>Ref: 5.2.3 |
| | **Response by registered person detailing the actions taken**:<br>A robust training plan has been put in place to ensure staff are adequately trained after a prolonged, challenging period for the children and the team. The staffing analysis helped to identify safe staffing levels which also allowed for cover to be sought and staff to be freed up for training. The Team Leader continues to work with the learning and development team to allocate training dates for mandatory training to staff on shift. Training audits are completed by Team Leader once per month to ensure training remains up to date and a plan is put in place to manage any gaps in training. These are reviewed monthly in Service Level Reflective Governance meetings. |

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