The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048675

5 February 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:** Western Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children and young people 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 5 February 2026 between 10.00 a.m. and 6.15 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 to determine 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 in relation to young people's pocket money and safeguarding training were assessed as met. One area for improvement in respect of young people's meetings was partially met and will be restated for a second time.

Evidence was not available on inspection to provide assurance that sufficient progress had been made in addressing an area for improvement regarding staffing. This area for improvement had previously been stated for a second time. The inspection identified concerns regarding the depletion of the core staff team. There was a continued reliance upon bank staff and the management team to supplement the rota to maintain minimum staffing requirements. In addition, concerns were identified regarding key working arrangements and staff training.

Enforcement action commenced as a result of this inspection. Enforcement action aims to ensure compliance with regulations and minimum standards; to effect improvements; and to afford protection to children and young people.

RQIA subsequently invited the provider's representatives to a Serious Concerns meeting on 12 March 2026. At this meeting, provider representatives provided a detailed account of the actions that had been taken by the senior management following the last inspection to address the ongoing staffing challenges. Actions included; proactive engagement with human resource partners, ensuring the needs of the young people were kept under regular review and making adjustments to staffing levels, and ensuring key working arrangements remained accessible and effective. Staff training had also been reviewed and the senior management team were in the process of developing a training plan that was responsive to the concerns raised by RQIA.

An action plan was subsequently submitted to RQIA on 27 March 2026 which provided assurance that the senior management team were cited on the concerns; and there was a responsive, targeted action plan in place to drive forward the necessary improvements. RQIA concluded that the area for improvement in relation to staffing would not be restated for a third time.

A new area for improvement was identified however in order to ensure the provider implemented robust assurance mechanisms to drive forward their action plan. The action plan aimed to stabilise the staffing model, and ensure all staff possessed the required competencies and skills to meet the needs of young people.

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 person in charge at the conclusion of the inspection and with the providers representatives during the Serious Concerns meeting on 12 March 2026.

4.0 What people told us about the service?

Young people were offered the opportunity to engage with the inspector but chose not to.

The inspector spoke with staff and visiting professionals and the feedback provided informed the inspection findings.

Discussion with staff and the person in charge demonstrated a clear commitment to delivering timely, compassionate care to safeguard and promote the wellbeing of young people. Staff reported that the home had recently experienced a particularly challenging period and they had worked together to meet the complex needs of young people and ensure their safety.

Staff reflected that the frequency and severity of some risk taking behaviours had a cumulative negative impact on staff wellbeing. However, they confirmed that the senior management team were cited on the issues and were supportive and responsive to both young peoples and staffs needs, providing effective leadership, additional staffing and support to the team as required. Staff also described that the management team were supportive, and that their approach supported the staff team to maintain their resilience during periods of instability and challenge.

Feedback from visiting professionals provided a view that care was delivered in a compassionate and trauma-informed manner. This approach to care was described as supported by effective interagency communication and partnership working to meet the holistic needs of young people.

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 9 October 2024		
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 17 **Stated:** Second time **To be completed by:**	The responsible person shall ensure that staffing levels remain under review and action taken if required to ensure they are aligned to young people's care planning needs, and are adjusted in line with incident analysis, learning and review.	**Met**

31 January 2025	**Action taken as confirmed during the inspection**: This area for improvement was discussed during a Serious Concerns meeting on 12 March 2026. RQIA were assured by the actions taken as described by the provider and the subsequent action plan submitted to RQIA following the meeting.	
Area for improvement 2 **Ref:** Standard 1 **Stated:** First time **To be completed by:** 31 January 2025	The responsible person shall ensure that young people's meetings take place regularly, minutes are recorded in a timely manner and reviewed at the next meeting to evidence young people are receiving feedback on any issues raised. The minutes should be made available for inspection.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement was partially met and is discussed in section 5.2.3	
Area for improvement 3 **Ref:** Standard 14 **Stated:** First time **To be completed by:** 31 January 2025	The responsible person shall ensure decisions regarding supervision of a young person's pocket money are based on individual risk assessments.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure all staff working in the home complete annual safeguarding training within timescales.	**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 that safe staffing arrangements are in place?

Young people thrive when they are supported by consistent caregivers and have the opportunity to form stable, enduring relationships. Responsive staffing arrangements which are aligned to young people's needs and risks, are essential to promoting their wellbeing and ensuring adherence to young people's safety plans.

Discussions with the management team and staff demonstrated a strong commitment to safeguarding young people and delivering trauma-informed care. However, as noted in section 2.0, the inspection findings concluded there was limited evidence of sustained improvement in driving overall stability in relation to staffing arrangements. Whilst the service was able to maintain adequate day-to-day staffing levels that were responsive to young people's changing risk and need, the core staff team remained significantly depleted, with high levels of absence and multiple vacancies. This resulted in continued reliance on bank staff and the management team to meet minimum staffing requirements and was not a sustainable position.

Ensuring staff have timely access to training which is aligned with young people's needs is essential in supporting staff to maintain the knowledge and skills necessary to deliver safe, effective and appropriate care. At the time of inspection, the management team were in the process of strengthening governance arrangements to improve oversight and monitoring of staff training compliance. Discussions with the management team and a review of training records generally demonstrated good compliance; however, there were low levels of compliance in key areas such as Child Sexual Exploitation (CSE), Medication, and Emergency First Aid at Work.

Some bank staff were regularly working in the home, whilst others were undertaking shifts less often. Discussions with staff and a review of the minutes from young people's meetings highlighted challenges in ensuring all bank staff were consistently and fully informed of young people's care and safety plans. There was a risk that care could therefore be inconsistent; and had potential to negatively impact young people's lived experience or outcomes.

The inspection findings concluded that the availability of keyworkers for young people continued to be adversely impacted by staffing levels, an issue identified during the previous care inspection. The keyworker role is essential for providing consistent, individualised support, advocacy, and coordinated care to ensure young people's needs, safety, and wellbeing are effectively addressed. The person in charge on the day of the inspection reported that, to mitigate this gap, keyworker responsibilities were being informally shared across staff, including the manager and deputy manager. This approach, longer term, however, does not support coordinated or consistent care planning and risks diverting the management team from critical governance and quality assurance functions.

Overall, RQIA were concerned, that the instability in staffing arrangements had the potential to compromise the continuity and quality of young people's care, negatively impact young people's lived experience, and weaken oversight of young people's progress. As noted in Section 2.0 at the Serious Concerns meeting held on 12 March 2026 RQIA were assured that that provider had taken proactive steps to address the longstanding staffing challenges in this service. This

included seeking to better understand the challenge in sustaining the reported improvements that had been made since the last inspection.

RQIA were also assured that there was now a robust action plan in place that sought to implement measures intended to stabilise staffing arrangements. Post inspection, the provider submitted an application to vary the registration of the home, and reduce the overall number of places. This action confirmed the providers commitment to ensuring the service had capacity to provide care for the number of young people in the service at any one time, aligned to the overall assessment of needs and group dynamic.

RQIA therefore concluded that the area for improvement regarding staffing would not be restated for a third time. A new area for improvement was identified however that required the provider to ensure robust governance arrangements were in place to monitor, review and evaluate progress against the action plan.

5.2.2 How well are young people cared for and protected?

Young people's care documentation provides 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.

A review of young people's care records found that robust risk assessments, including safety plans, were in place to guide staff in their interactions with young people. Evidence demonstrated that these plans were regularly reviewed and updated with input from multi-agency professionals. Discussions with staff further highlighted the home's commitment to ensuring that risk assessments and safety plans were proportionate, young-person-centred, trauma-informed, and grounded in compassionate, rights-based care.

A sample of young people's care files also highlighted that, whilst the home had written guidance available to staff for aspects of a young person's day to day care, a number of young people did not have a residential care plan. The absence of a plan that provides staff with clear guidance on how each young person's prefers to be cared for, their individual needs, and associated risks, increases the likelihood of inconsistent, poor-quality care that may hinder positive outcomes.

In response to this issue, the providers representatives provided RQIA with assurances of their plan to further embed the Northern Ireland Framework for Therapeutic Care (NIFTC) in the home. This action should help ensure that all young people in the home have access to a holistic care plan that is supported by a structured, consistent approach to meeting the needs of young people in care through therapeutic person-centred planning. Progress in this area will be reviewed during future inspection actitvity.

Handover records and young people's logs showed that recording was generally of a good quality and accurately reflected young people lived experiences. These records, along with feedback from staff and the person in charge, provided assurance that the team were committed to engaging with young people in a therapeutic manner. However some gaps in

recording were noted, and advice was given in respect of strengthening managerial oversight to ensure all records are completed fully and promptly to support consistent care.

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 and effective safety planning.

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

Staff demonstrated a strong commitment to providing young people with a homely and safe environment. A tour of the premises confirmed that both internal and external areas were well maintained, offering a warm, comfortable, and welcoming space. Staff reported that young people were encouraged and supported to contribute to the décor of both communal areas and their own bedrooms.

A review of fire records evidenced that fire safety checks were completed regularly and consistently. Some actions from a recent fire risk assessment were pending completion. The person in charge provided assurances all required actions would be completed in a timely manner.

Discussion with the person in charge and a review of the minutes of young people's meeting clearly evidenced that attempts had been made to seek out the views of young people in respect of their lived experience within in the home. However meetings were infrequent and there was a lack of evidence of follow up and/or feedback to young people's requests. This area for improvement was not met and was therefore restated for a second time.

Discussion with the management team confirmed that Learning Disability as a category of care was no longer required for the service. An application to vary the registration of the home which seeks to remove this category from the registration was subsequently submitted and approved by RQIA post inspection.

Recent adaptions to the physical environment required submission of an application to vary the registration of the home; accompanied by evidence of installation commissioning certification. This application was subsequently submitted post inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023).**

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with person in charge 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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 1 **Stated:** Second time **To be completed by:** 31 May 2026	The responsible person shall ensure that young people's meetings take place regularly, minutes are recorded in a timely manner and reviewed at the next meeting to evidence young people are receiving feedback on any issues raised. The minutes should be made available for inspection.
	Response by registered person detailing the actions taken: The responsible person in conjunction with Residential Social Workers will ensure that young peoples meetings are facilitated, recorded and is now a running agenda on the team meetings followed by feedback to their agenda in the Childrens meeting. Also, the individual viewpoints of the young people who do not want to participate in the group at that point in time will also be brought forward and feedback given. The views of the young people continue to be heard by staff through individual time out with the young people and also through the keyworking sessions.
Area for improvement 2 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 31 May 2026	The responsible person shall ensure that robust governance arrangements are in place to monitor, review and evaluate progress against the providers action plan, submitted to RQIA on 27 March 2026.
	Response by registered person detailing the actions taken: The responsible person will continue to monitor, review and action the concerns raised from the inspection and further discussed in the Serious Concerns meeting. Within the home, the registered manager and team had and will continue to address the training needs such as CSE, First Aid and Medication, this will be aided by the application of the new training matrix.

	At present CSE training has been delivered over a 3 week period in April 2026 and both Core and Bank staff attended this. First Aid training was completed on the 27th April and 1st May 2026, this has been completed by both core and bank. There is a small number of bank that have yet to complete their first aid training. In regards to medication training this has now been completed and up to date for all core and active bank staff. The home is dedicated to ensuring that all staff have their own personal development plans, which will include different forms of training and including the implementation of FITC. The responsible person and the management team will review Personal Development plans within supervision alongside the annual apprasial process and utilise the training matrix as means of identifying and keeping track of training requirements. The additional Governance is provided through the monthly monitoring process and the monitoring officer will pay particular attention to and comment on the areas identifed. The home will continue to welcome RQIA's inspection process. In regards to the appropriate staffing levels within the home several steps have been taken: 1. The number of approved placements within the home has been reduced. 2. We have extended the contracts of the 2 band 5 staff. 3. We continue to recruit for the vacant band 6 posts (in our latest round of interviews the candidate that was selected has changed their mind in regards to accepting a full time permanent post). Further dates will be arranged for another round of interviews. 4. We have been working with the Learning Development and Governance Team for the provision of 2 trainee posts within the home, so as to secure long term investment for the home. 5. The Training of Bank staff for their role within residential care is now being given a more robust focus. In regards to the continuity of care within the home, all young people have an allocated keyworker, and co-worker to focus on their particular individual needs. The homes ethos is that all staff should be familiar with the individual needs of the young people so as to ensure continuity of care. The current ratio of care is 2 young people to 1 staff cover, with the continuing recruitment we hope to improve this ratio further. The bank staff that are used are consistent long term reliable workers who are known to and have built positive relationships with the young people.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews