The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048757

22 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:** – South Eastern Health and Social Care Trust	**Manager status:** Not registered
Brief description of how the service operates: The young people living in this home have had adverse childhood experiences which has resulted in them requiring residential care.	

2.0 Inspection summary

An unannounced inspection took place on 22 January 2026 between 09.30 a.m. and 5.40 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 findings concluded that there were robust systems in place to support the team to deliver quality care to young people, underpinned by effective multi-disciplinary working. There were effective governance systems in place, and detailed care and risk assessments that informed actionable support and safety plans. These records demonstrated young person-centred practice, alongside therapeutic interventions that were holistic and strengths-based. Nurturing, compassionate and trauma informed language was used throughout records sampled, which reflected the young people's needs and wishes.

The staff team demonstrated insight into the impact of trauma on behaviour, and were proactive in their responses, which were both supportive and educational. They worked collaboratively with young people to develop independence, weighing risks carefully to promote positive outcomes.

Two areas for improvement identified at the last care inspection were met in relation to escalation arrangements to follow up on outstanding records of statutory visits, and one in relation to transport provision. One area for improvement regarding provision of meals has not been met and will be restated for a second time.

Two new areas of improvement were identified in relation to safe recruitment of staff and governance arrangements with respect to agency staff.

The findings of this report will provide the manager 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 manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with the management team, young people and staff on the day of the inspection.

Young people confirmed that they liked living in the home and that there were good relationships with staff. Young people raised a number of concerns with the inspectors regarding the availability of transport, quality of the environment, frequency of young people's meetings and availability of staff. These concerns were discussed with the manager who confirmed there had been an increase in administrative duties as a result of increased incidents within the home.

The inspectors were assured following review of records that appropriate staffing arrangements were in place and that the staff team were committed to engaging with young people in a therapeutic manner. Records also confirmed that young people's meetings took place regularly, and that young people were provided with opportunities to meet with staff as a collective group or as individuals to share their views regarding their lived experience in the home.

Feedback regarding redecoration of the home had been sought from young people and their preferred choices and potential alternatives were under exploration. Assurance was also provided that there was now sufficient means of transport available to young people.
The manager was advised to use feedback to inspectors to inform further discussion with young people regarding their dissatisfaction, and any resultant actions required.

Staff provided a positive view regarding the level of support and guidance available from the management team. The senior management team were also described as supportive, particularly during times when there were significant pressures on the service. Staff confirmed they were confident that issues raised with the management team would be proactively addressed. The management team described there were challenging dynamics within the group of young people currently living in the home, but that the staff team were resilient, and supportive of each other. They also described that staff were consistent and proactive in their approach to the young people. This view was also repeated by staff.

The management team presented as knowledgeable about the young people's individual needs. They were reflective practitioners who demonstrated a collective leadership approach to supporting both the young people and the staff team. Staff presented as passionate and understanding of their role, with a focus on keeping the young people safe. They demonstrated sound knowledge and understanding of restrictive practices and the impact they could have on the young people living within the home.

No feedback was received by RQIA via questionnaires or electronic survey within the required timescales for inclusion in this report.

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 November 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 rowspan="2">Area for Improvement 1

Ref: Regulation 13

Stated: First time

To be completed by:
13 February 2025</td><td>The registered person shall ensure that young people are provided with food which is suitable for their needs and takes account of their preferences.

Ref: 5.2.1</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area of improvement was not met and was stated for a second time.
This is discussed in further detail in section 5.2.3.</td></tr>
</table>

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 13 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that robust and effective escalation arrangements are in place to follow up on outstanding records of statutory visits. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 22.2 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure a review of the transport arrangements is carried out to assess the transport needs of the home; taking in to consideration the number of young people accommodated, and ensuring sufficient availability of transport to meet the needs of the children and young people, and the service. Ref: 5.2.1	**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?

A review of young people's daily logs evidenced a good quality of recording, which was representative of young people's lived experiences and routines within the home. Records were factual and detailed. Care plans, risk assessments and support plans were reinforced by detailed summaries made available to field social workers on a regular basis. Summaries included chronology and analysis of the young person's lived experience, which reflected progress achieved against agreed goals, as highlighted within Looked After Child (LAC) reviews and key work sessions.

These records, along with feedback from staff, provided assurance that the staff team were committed to engaging with the young people in a therapeutic and educative 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.

Review of young people's records also evidenced that staff worked effectively as a team, and with the multi-disciplinary team around the young people, to reduce risk where possible and to deliver quality care. There was evidence of trauma-informed responses to the young people evidenced within documentation. Young people's views and concerns were captured within problem-solving forms and were cross referenced within the complaints file with clear actions and outcomes recorded.

Review of young people's 'All About Me' plans highlighted rich information completed in partnership with young people to enable ownership, and clear communication of how they preferred to be cared for. The welcome document shared with young people on admission was in an Easy Read format.

Visits by social workers who hold statutory responsibility for the young people aim to assess the quality of care young people receive, and ensure the young people's needs are met in accordance with their care plan. Evidence was available that confirmed young people were visited on a regular basis. Where gaps in visits had occurred, the manager had provided clear written communication on why this was the case, and there were measures in place to follow this up with the relevant professionals when required.

Incident records also evidenced robust responses to potential safeguarding concerns, and there was evidence of multi-agency collaboration to agree processes to promote and protect young people's safety and wellbeing where necessary. This approach was accompanied by a detailed framework of recording to provide assurance that incidents were properly investigated in compliance with the Regional Child Protection Policies and Procedures. Timeliness of reporting on notifiable events was discussed with the manager, and advice provided to ensure these are completed without delay.

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

A review of agency staff profiles did not provide sufficient assurance that full and satisfactory information was available with respect to agency staff working in the home. There were gaps noted with respect to staff's employment history for example, and issues were also noted in relation to vetting. The manager confirmed these concerns had been escalated to the senior management team and the recruitment agency for action and resolution.

The manager must ensure evidence is available and maintained that all staff working in the home have been subject to safe and robust recruitment practices that are compliant with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. In addition, action must be taken to review governance arrangements with respect to the recruitment of agency staff, and ensure that associated policy, procedure or guidance is updated to reflect any resultant learning. An area for improvement was identified. RQIA also met with the providers senior management team post inspection; and were assured by the actions taken and further actions planned to strengthen governance arrangements with respect to agency staff.

Compliance with mandatory training requirements supports staff to continue to develop, both in terms of confidence, skill and resilience, and further ensures the delivery of safe and effective care on each shift, to young people, in line with their assessed need. Review of training records and discussion with the manager confirmed good compliance regarding mandatory training across the staff team. There were effective governance arrangements in place, and a robust

training matrix was maintained that included details of training completed, dates of expiry, and dates booked for any future training. The matrix included all core, agency and bank staff. Any gaps in training had been identified, and training dates planned within appropriate timescales. Advice was given in relation to frequency of some areas of training to enhance knowledge in these areas.

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. A review of records evidenced that staffing patterns were amended in line with the changing needs of the young people resident within the home and following consultation with the senior management team. Assurance was provided that the manager takes proactive steps to ensure the needs of the young people are prioritised, and consistent care is promoted that supports positive outcomes and experiences. To further strengthen consistency and predictability for young people, bank contracts had been offered and accepted by agency staff.

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

The home was clean, tidy, warm and well maintained.

There were large, bright, homely, living spaces, and a dining room where staff and young people could enjoy meals together. The garden area was private with a perimeter fence. There was a large grassed area where staff and young people could enjoy activities with swings and a BBQ area for use in the better weather. A gym was available for young people to use, and a recently refurbished sensory room decorated to the young people's taste. The inclusion of a graffiti wall alongside lights and gaming equipment was reported to be welcomed by the young people.

Young people's bedrooms were not accessed. Staff confirmed that young people were afforded the opportunity to personalise their rooms to their own tastes, and were encouraged and supported to keep their private space clean and tidy.

Review of fire safety records identified consistent fire safety checks that were signed and dated, and there was regular fire alarm testing. A fire risk assessment had been completed and actioned appropriately.

Detailed general risk assessments were made available to inspectors that included Fire safety and fire setting; use of gym equipment, faulty equipment and use of kitchen equipment.

Engagement with young people and staff confirmed there were continued issues in relation to food provision within the home. Whilst there was evidence that steps had been taken since the last inspection to try to resolve this, meals continued to be provided by other homes when cooks were not available to work. The transportation of meals was reported to impact upon the quality of food, and was again raised as an issue by both staff and young people. Concerns were also raised again in relation to the quality of ingredients available for use in the preparation of meals made within the home, and with the variety of meals available.

The manager was asked to use this information in future service improvement discussions within the organisation; and to identify what improvements could be made as a matter of urgency.
The manager confirmed they had requested a meeting with the senior management team responsible for the provision of meals to explore options for long term solutions. This area of improvement has been stated for a second time.

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

Robust and effective governance arrangements were in place to monitor, assess and improve the quality and safety of the service.

Staff induction processes were inspected and the records demonstrated a structured and systematic approach to workforce governance.

Team meetings/huddles, supervision, appraisals and restrictive practice records were consistently completed and provided evidence of managerial oversight. Records were accurate, contemporaneous and well-organised, with systems that were easy to navigate. Team meetings were structured with a clear agenda that staff could add to prior to meetings, and records showed that young people's wishes and views were routinely shared, discussed and translated into agreed actions with named responsibility. However, advice was given to the manager to ensure actions from previous meetings were consistently reviewed and progress recorded to improve overall oversight and assurance.

An audit tool was in use that supported the manager to track attendance at team meetings, reflective practice forums, and follow up with individual staff as required. 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 to be maintained. Supporting staff in this way is likely to have a positive impact on staff wellbeing and development, which in turn is likely to improve the quality of care staff provide to young people resident within the home and enhance working relationships within the team.

It is important that feedback from young people is captured and acted upon to shape how care is delivered in the home and improvements made. This approach empowers young people to have ownership over their own lived experience in the home. Minutes of young people's meetings detailed consistency in recording the views of the young people, discussion regarding what was working well and what areas could be improved within the home.

Records were available to support and direct staff in their interventions with the young people. 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. Some of these documents were outstanding review dates and signature. This was communicated to the manager during feedback and improvement in this area will be reviewed during next inspection.

Monthly monitoring reports were completed by the monitoring officer however, over a four-month period, all monitoring visits had been announced, with limited engagement from young people to capture their views. Several visits were also completed outside of the month to which they related, which impacted the effectiveness and timelines of the monitoring process. As a result, the current approach does not provide sufficient assurance of oversight and quality monitoring.

The manager advised there had been recent changes to the senior management structure, and training was being provided to ensure clear guidance was available with respect to the monitoring process. Progress in this area will be reviewed at the next inspection.

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

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 1 **Ref:** Regulation 13 **Stated:** Second time	The registered person shall ensure that young people are provided with food which is suitable for their needs and takes account of their preferences. Ref: 5.2.3
To be completed by: 27 March 2026	**Response by registered person detailing the actions taken:** The homes permanent cook remains on long-term sick leave, impacting the ability to address concerns and achieve a long-term solution. Ongoing liaison with Patient Experience managers continues and the home has been provided with consistent cover throughout this absence period. Covering cooks have been cognisant of the young people's needs and preferences, providing a wider variety of options which meets their preferences whilst providing a balanced menu. Ongoing challenges in regards to achieving long-term solutions have been escalated to senior management and remains with Head of Service oversight.

Area for improvement 2 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 22 January 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: The homes manager continues to implement pre-employment checks when recruiting staff from recruitment agencies. The homes manager liases with the recruitment agencies to ascertain all staff provided for work have an updated staff profile which indicates a clear Access NI check has been received and the required relevant experience, qualifications and training have been verified. The homes manager additionally makes contact with identified individuals to clarify their experience and assess readiness and suitability to undertake work within the home prior to commencement of work.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement **Ref:** Standard 17 **Stated:** First time **To be completed by:** 27 March 2026	The registered person shall ensure there is a review of governance arrangements with respect to the recruitment of agency staff, and ensure that associated policy, procedure or guidance is updated to reflect any resultant learning. Ref: 5.2.2
	Response by registered person detailing the actions taken: A number of service wide assurances have been implemented in respect of recruitment of agency staff. These include provision of an agency staff assurance guide for managers alongside development of SEHSCT Children's Residential Care Agency Worker Pre-employment Suitability Pro-forma and Manager Checklist for Agency Staff Assurance which will be completed ahead of new staff commencing employment within the service. Learning has been shared with the relevant agencies as to what constitutes disclosure from an individual's Access NI form, this is bolstered by the ongoing work by the Trust representative on the regional Non-medical agency framework. SET fraud team and BSO Counter Fraud services are also undertaking investigations into this matter with the relevant agency.

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