The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048755

8 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:** – Western Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children living in this home may 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.	

2.0 Inspection summary

An unannounced inspection took place on 8 January 2026 between 9.20 a.m. and 6.00 p.m. The inspection was conducted by two care inspectors, and was concluded on 19 January 2026 following receipt of additional information post inspection.

Areas for improvement (AFI's) identified at the last inspection were reviewed. Three AFI's in relation to Individual Crisis Support Plans (ICSP's), significant incidents and restrictive practices were assessed and deemed as met. AFI's in relation to staff recruitment, the staffing model and staff training were not met for a second time. Two new areas for improvement were identified in relation to fire safety and the arrangements in place to promote young people's safety and welfare.

There was evidence of positive regard and a caring approach towards young people, staff spoke from a young person focussed, trauma informed perspective and had a good understanding of what was working well and what could be improved to better support the young people.

Enforcement action also 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 young people. RQIA subsequently invited the provider to a Serious Concerns meeting on 10 February 2026.

At this meeting, concerns regarding staffing and the arrangements in place to promote young people's safety and welfare was discussed. Assurance was provided that the senior management team were cited on the recruitment challenges in the home and had taken

proactive steps to address the concerns. In addition, assurance was provided that care planners and the multidisciplinary team were working collaboratively to better understand young people's assessed needs and ensure robust arrangements were in place to promote their safety and welfare. This is discussed further in the main body of the report.

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/ person in charge at the conclusion of the inspection.

4.0 What people told us about the service?

The inspectors spoke with young people and staff.

Feedback from young people provided a positive view regarding the support they received from staff. They described staff encouraged them to actively participate in meetings and discussions related to decisions about their care. They reported they liked living in the home and noted positive relationships with core staff. However, they also reflected concern about the number of unfamiliar staff in the home and the impact on their daily routine.

Discussion with the management team, staff and observations, provided assurances that a young person centred and trauma informed approach was embedded within the service. Staff demonstrated a commitment to working therapeutically with the young people and highlighted they felt supported by the management team. However, they reported consistently low core staffing levels had created instability, and reduced the effectiveness of staffs approach to caring for the young people. Staff also described burnout and low morale within the staff team. This feedback was escalated to the manager, a senior manager, and was discussed with the provider at the Serious Concerns meeting on 10 February 2026. This is further discussed in 5.2.2.

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 13 November 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 8 January 2025	The registered person shall ensure there is a robust process and procedure in place which ensures that the manager has effective oversight of all staff recruitment. This process and procedure should also ensure that evidence is available at all times which demonstrates that any staff member employed in the home has been subject to robust and safe recruitment practices in compliance with Regulation 25, Schedule 2. Ref: 5.2.1	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and was restated for a second time. See section 5.2.1 for further detail.	
Area for Improvement 2 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 8 January 2025	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,	**Met**

	- 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.	
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 17.1 **Stated:** First time **To be completed by:** 8 January 2025	The registered person shall ensure a review of the current staffing model is undertaken and action taken to ensure the model is: • Based on the assessed needs of the current group of young people accommodated and; • Incorporates flexibility to respond to temporary or unplanned variation in assessed needs and/or service requirements. Ref: 5.2.1	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and was restated for a second time. This is discussed in further detail in section 5.2.1.	
Area for improvement 2 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 8 January 2025	The registered person shall ensure there are robust governance arrangements in place for effective oversight and monitoring of staff's compliance rates in training areas, in order to drive improvement in this area. This should include as and when and domestic/auxiliary staff, as applicable. Training provided to staff should also be aligned with the specific needs of the young people. Ref: 5.2.1	**Not Met**

	This area for improvement was not met and has been restated for a second time. This is discussed in section 5.2.1 in further detail.	
Area for Improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 10 December 2024	The registered person shall ensure that up to date safety plans are documented and easily accessible for staff and young people, as appropriate. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 4 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 10 December 2024	The registered person shall ensure that significant incident records are improved to ensure effective analysis of the incident, and will include; • Analysis of action taken to prevent/reduce recurrence • Analysis of further interventions/strategies which could be explored Ref: 5.2.3	**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?

Effective staffing arrangements are fundamental to safeguard and promote the welfare of young people.

Staffing arrangements had been identified as an area for improvement at the last inspection. However, there was no evidence that the staffing model had been reviewed to confirm that arrangements were aligned with the assessed needs of young people, nor that sufficient flexibility was in place to respond effectively to changes in those needs or to wider service demands.

Inspection findings evidenced a deterioration in staffing arrangements since the previous inspection. High levels of staff absence and vacancies had significantly reduced core staffing, leaving only two permanent staff available to work in the home. Consequently, the rota was heavily reliant upon bank, agency workers and members of the management team to deliver the required staffing model. This arrangement was not sustainable. The area for improvement regarding the staffing model was therefore assessed as not met, and was restated for a second time.

Evidence was not available that shift coordinators were competent to undertake the role or that staff had received the required training to fulfil their role. A review of the staff training matrix highlighted this record did not take account of all staff working in the home. In addition, significant gaps were identified in relation to staff training in key areas such as Therapeutic Crisis Intervention (TCI), Food Hygiene and Fire Warden Training.

It is essential there are the right number of staff with the right skills, knowledge and training to respond to young people's needs and ensure effective prevention and de-escalation of distressed behaviours. Whilst the senior management team had taken steps to improve staff training, there was no time-bound plan in place to address training deficits or evidence of any mitigation of associated risks. Without assurance staff are trained and assessed as competent, there is a risk that young people may not receive safe, consistent, and effective care, and if not addressed, could increase the likelihood young people may not have their needs met, or could come to harm. The AFI in relation to staff training was therefore assessed as not met and was restated for a second time.

In addition, evidence was not available that full and satisfactory information was available in relation to the recruitment of agency staff, in line with Schedule 2 of The Children's Home Regulations (Northern Ireland) 2005. This AFI was therefore assessed as not met and was reinstated for a second time.

These concerns were escalated to a senior manager post inspection, and the provider was subsequently invited to a Serious Concerns meeting on 10 February 2026. At this meeting, the provider outlined the proactive steps they had taken to address vacancies, and confirmed additional staff had been identified for the home. Action had also been taken to review the governance arrangements in place to ensure the safe recruitment of agency staff. RQIA were also assured that the senior management team were developing a training plan that would ensure staff working in the home possessed the necessary competencies and skills to meet the needs of the young people; and that the rota would be populated in such a way to ensure safe and effective care.

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

Daily logs identified that the quality of recording was of a good standard and records reflected the young people lived experiences within the home. These records, alongside key work sessions, provided assurance that the staff team were committed to engaging with young people in a therapeutic manner. There was evidence of young people having positive relationships with core staff and having opportunities to engage in activities in the community.

Records were available to support and direct staff in their interventions with the young people; such as, Individual Crisis Support Plans (ICSPs) and individual risk assessments. Sampling of these records provided assurance they were regularly reviewed and updated and were reflective of the current risks and needs of the individual young people. Young people's records were well organised, easily accessible and demonstrated a personalised, outcome focussed approach.

Records provided assurance that the use of restrictive practices had been discussed and agreed by a multi-disciplinary team, that there were clear plans in place to inform and guide staff intervention, and that they were subject to ongoing monitoring and review. Furthermore review of incident records provided assurances that robust arrangements were in place to ensure effective incident analysis, support staff reflection and drive any necessary improvement in practice.

Effective communication mechanisms are essential to ensure all staff working in the home are aware of the needs of young people, any potential risks, and the agreed strategies in place to promote young people's welfare. Staff confirmed they had access to regular team meetings. Review of records provided assurances that team meetings occurred on a regular basis, however, due to staffing levels, attendance was low. Attendance should be improved moving forward.

Rota planning ensured there was protected time for daily staff handovers. Observations of a staff handover demonstrated staff were knowledgeable and well-informed about the needs of the young people and what was important to them. Staff engaged in shift planning, ensuring a coordinated approach to address the needs of the young people throughout the shift.

Inspection findings raised concerns the provider was not able to demonstrate the home was suitably equipped to meet all of the young people's needs. Deficits within personal emergency evacuation arrangements, together with the absence of young person specific training for staff, created a risk that the home could not safely, effectively or compassionately meet assessed needs. These concerns were discussed with the provider during the Serious Concerns meeting on 10 February 2026.

At this meeting, assurance was provided that care planners and the wider multidisciplinary teams were working collaboratively to best meet young people's needs. Notwithstanding, RQIA required the provider to urgently review young people's needs and take action as necessary to ensure the environment, model of care, and staff training needs were appropriately aligned to promote and protect young people's safety and wellbeing. An area for improvement was identified.

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

The home overall was well maintained and presented as a comfortable, welcoming space. The external environment was equipped with age appropriate equipment to ensure it was a safe and pleasant setting for the young people. Personalised items were on display throughout the home and décor was aligned to the likes and interests of the young people.

Inspection of fire safety records identified consistent completion of fire alarm testing and regular fire evacuations taking place. The fire risk assessment was also up to date, however there was

limited evidence the associated action plan had been addressed. Assurance was provided by the manager post inspection that outstanding actions had been completed. An area for improvement was identified.

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

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

The inspection findings confirmed that the home had effective systems in place for the identification, reporting, and review of incidents. Records demonstrated that staff recognised the importance of prompt reporting and that incidents were appropriately recorded and escalated in accordance with organisational policy.

Records evidenced a good understanding of incident management processes and information received post inspection outlined how staff were supported to reflect on events and how learning was shared through team meetings. Review of records confirmed that debrief discussions took place following incidents to identify any learning or improvements to practice.

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	3*	2*

*the total number of areas for improvement includes three that have been restated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and provider 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 25 **Stated:** Second time	The registered person shall ensure there is a robust process and procedure in place which ensures that the manager has effective oversight of all staff recruitment. This process and procedure should also ensure that evidence is available at all times which demonstrates that any staff member employed in

To be completed by: 5 March 2026	the home has been subject to robust and safe recruitment practices in compliance with Regulation 25, Schedule 2. Ref: 5.2.1
	Response by registered person detailing the actions taken: The advertising for and recruitment of Staff is delivered through the support of the Human Resources Department within the Trust. The Registered Manager of the Home ensures that the Job Description and Job Specification is tailored to the post. The Home currently operates a personal file for all Core, Bank and Agency Staff. Prior to commencing employment with the Home, the Registered Social Work Manager and/or Assistant Social Work Manager of the Home, facilitates an Initial Induction Meeting with the Staff member. The Staff member is required to bring evidence of their Qualification/s, Identification and NISCC registration to the Induction Meeting. An email from BSO requesting an outline of staff checks in regards to the employee will also be obtained. This information will be retained on all staff member's personal file. The Registered Manager has considered current practice in relation to the recruitment of agency staff. In order to enhance the governance around same, the Trust has put in place a new process as of 18th February 2026. In addition to the information provided by the Agency on the suitability of the agency worker for the post, the Registered Manger shall complete a Children's Residential Care Agency Worker Pre-employment Interview Pro-forma, prior to staff commencing work within the Children's Home. Retrospectively the Pre-employment Interview Performa will be completed with agency staff already working in the Children's Home. Record of same will be retained on Personel Files.
Area for Improvement 2 **Ref:** Regulation 11 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that young people's needs are reviewed and action is taken as necessary to ensure the environment, model of care, and staff training are aligned to young people's needs and promote and protect their safety and wellbeing. 5.2.2
	Response by registered person detailing the actions taken: **This response contained service identifiable information and therefore has not been included in this report.**

Area for Improvement 3 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 31 January 2026	The registered person shall have in place a current risk assessment and fire management plan that is revised and actioned as necessary. Evidence of the completion of actions arising from the assessment must be maintained. Ref: 5.2.3
	Response by registered person detailing the actions taken: **This response contained service identifiable information and therefore has not been included in this report.**
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for Improvement 1 **Ref:** Standard 17.1 **Stated:** Second time **To be completed by:** 5 March 2026	The registered person shall ensure a review of the current staffing model is undertaken and action taken to ensure the model is: • Based on the assessed needs of the current group of young people accommodated and; • Incorporates flexibility to respond to temporary or unplanned variation in assessed needs and/or service requirements. Ref: 5.2.1
	Response by registered person detailing the actions taken: The staffing model analysis of the home has been conducted by the Manager, Principal Social Worker and Head of Service. The analysis and review of the current staffing model alongside the consideration of bank usage highlights the need to operate a 3-4 staffing model of care within the home to meet the needs of the young people. In order to facilitate this staffing model it will require securing permanent funding for three band six posts and two waking night band three posts separate to the current funded establishment for the home. At present the provision of this requires reliance on bank staff. A paper outlining the request and current context will be presented to the Senior Management Team in March 2026.
Area for improvement 2 **Ref:** Standard 17 **Stated:** Second time **To be completed by:**	The registered person shall ensure there are robust governance arrangements in place for effective oversight and monitoring of staff's compliance rates in training areas, in order to drive improvement in this area. This should include as and when and domestic/auxiliary staff, as applicable. Training provided to staff should also be aligned with the specific needs of the young people.

5 March 2026	Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager has considered the gaps in training for staff within the home inclusive of banking staff and domestic/auxiliary staff. The Registered Manager has reviewed the training needs of all staff and has taken steps to address any identified gaps in training. An agreed training schedule has been taken forward by the Registered Manager to address same. As part of a review of the Western Trust's Residential Home's use of bank staff a memo was circulated to all staff on the 09/02/26 reinforcing the expectation that all staff have the appropriate training in order to support the young people residing within Residential Care. Key training identified during this review process. TCI: The current frequency of the 5 day training was reviewed at the TCI Governance Meeting on 05/03/26. TCI 5 day training is scheduled for May 2026. Refresher TCI training is ongoing twice per year. Food Hygiene: The Registered Manager has secured dates for training from the facilitator for 13th and 20th May 2026. This will ensure all staff are trained in this area. Fire Safety: Nominated Fire Officer Training is available to all staff on E-Learning. The Registered Manager communicated to all staff that this training must be undertaken and completed by the end of February 2026. Review of this area on 03/03/26 highlighted that a significant number of staff had completed the training. Staff who had not completed have been contacted directly and requested to complete by 16/03/26. Manual Handling: The dates below have been scheduled for all core and bank staff. • 18th March 2026 • 19th March 2026 • 23rd March 2026

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