The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048886

25 February and 26 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:** – South Eastern Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The young people living in this home have been assessed as requiring secure care accommodation. Young people referred to the service are deemed to have met the criteria as defined in The Children (NI) Order 1995 Article 44 and are subject to a Secure Accommodation Order issued by a court.	

2.0 Inspection summary

An announced inspection took place on 25 February 2026 and 26 February 2026 between 9.00 a.m. and 5.00 p.m. The inspection was conducted by three care inspectors and an estates inspector. The inspection concluded on 13 March 2026 following submission of additional evidence post inspection.

The inspection assessed progress with all areas for improvement identified during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection process focused on a number of key themes to include: staffing, the environment, and governance and escalation arrangements. These themes were established following review of a range of intelligence received by RQIA, which included Early Alerts, and engagement with key stakeholders. This information highlighted ongoing staffing pressures leading to fewer places available within the regional service.

The inspection process included review of records, engagement with the multi-disciplinary team (MDT), and the senior leadership team, and sought the views on the quality of care in this service from young people, and staff.

The inspection findings confirmed four areas for improvement (AFI's) identified at the last inspection were met in relation to; the use and recording of consequences, incident review, staff training and the use of naloxone.

Three new AFI's were identified. Two AFI's were in relation to the environment with regards to storage, and the overall cleanliness and presentation of the home.

Since the last inspection, incidents of aggression towards staff and others had escalated, resulting in staff absenteeism, environmental damage, and a subsequent reduction in the maximum number of places within the service. While managers and staff remained committed to providing safe, quality care, they identified ongoing challenges relating to staffing pressures, environmental limitations, and meeting the complex needs of neurodivergent young people.

The inspection findings provided assurance that the provider was working effectively with the commissioner and relevant stakeholders to address these challenges through robust escalation processes, environmental improvements, and multidisciplinary support. There was also evidence of effective partnership working to support young people's therapeutic needs and facilitate compassionate, well-planned transitions back to the community.

However, the absence of a composite action plan to strengthen strategic oversight and governance of the improvements in progress was discussed with the provider during an enhanced feedback meeting on 6 May 2026. An area for improvement was also identified in this regard and is discussed in further detail in section 5.2.1.

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 provider's senior management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with staff, representatives of the multi-disciplinary team, and the senior leadership team. Young people chose not to engage with the inspection team during the inspection.

Staff spoke positively about the support provided by the senior management team and confirmed they were enabled to escalate concerns if necessary. They also reported they had access to regular supervision, team meetings, and debrief opportunities.

Staff recognised the challenges associated with meeting the complex and changing needs of young people within the service. Discussions reflected a trauma-informed, young person-centred approach, with staff demonstrating a good understanding of young people's individual needs and the importance of multidisciplinary involvement. Concerns were raised regarding the suitability of the environment and repeated cycles of admission for some young people. This is discussed further in section 5.2.3.

Multidisciplinary professionals described positive and collaborative working relationships with care staff and spoke positively about the integrated approach to supporting young people within the service.

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 2 February 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 3.12 **Stated:** First Time	The registered person shall ensure that the home adopts a consistent approach to the use and recording of consequences. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	
Area for Improvement 2 **Ref:** Standard 16.4 **Stated:** First Time	The registered person shall ensure a review is undertaken of all current and historical referrals pending review by the Behaviour Management Review Group (BMRG) and ensure a targeted, timely and responsive action plan is implemented to address the current backlog. The review should take into consideration any impact on the young people's human rights due to the delay in timely review of these incidents.	**Met**

	Ref: 5.2.3 **Action taken as confirmed during the inspection**: This area for improvement was assessed as met.	
Area for Improvement 3 **Ref:** Standard 17.11 **Stated:** First Time	The registered person shall ensure that staff are equipped with the skills and training required to meet the needs of the young people, in areas such as, fire safety, infection prevention and medicines management. Ref: 5.2.2 and 5.2.4 **Action taken as confirmed during the inspection**: This area for improvement was assessed as met.	**Met**
Area for improvement 4 **Ref:** Appendix: Standard 1 **Stated:** First Time	The registered person shall ensure that when naloxone is held in stock for emergency use: • it is included in relevant safety and support plan(s) • a policy and procedure is developed/agreed to guide staff • training is provided for relevant staff. Ref: 5.2.4 **Action taken as confirmed during the inspection**: This area for improvement was assessed as met.	**Met**

5.2 Inspection findings

5.2.1 How does the service ensure there are robust governance arrangements in place to escalate risk when necessary?

Since the last inspection, the maximum number of places within the service was reduced in response to incidents escalating in the home. RQIA were assured that decision-making in relation to reducing places within the regional service was evidenced based and was informed by incidents, staffing arrangements, and consultation with relevant stakeholders. Evidence was

available that risks had been escalated to the provider's senior representatives and the commissioner, in line with the commissioning framework. This process of assessment, escalation and decision-making was well documented and the associated risks, mitigations and controls were clearly described.

RQIA were also assured the provider had identified key factors such as: organisational culture, recruitment, training, and the physical environment, as critical to stabilising the service; with the aim of incrementally increasing the maximum number of places as progress was achieved. The provider had further recognised the need to determine the longer-term strategic direction for the service, and had established a number of work streams to drive the required improvements.

Notwithstanding, a composite action plan will strengthen the strategic oversight of the improvements required in the service, and ensure robust governance mechanisms are in place to monitor progress, manage risk, and deliver sustained change. This was discussed with the provider during an enhanced feedback meeting on 6 May 2026. Provider representatives gave assurance that a composite plan would be developed with clear metrics, timescales, and governance arrangements to support monitoring and sustained progress. An area for improvement was identified in this regard.

It was also agreed that the provider would report on their progress against this action plan, or any barriers to improvement, through reports on the conduct of the home, submitted to RQIA in line with Regulation 32 of The Children's Home Regulations (Northern Ireland) 2005.

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

Sampling of staff recruitment records provided assurance that a safe approach to recruitment practices was in place.

The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people. Sampling of staff rotas evidenced staffing levels were consistent with the levels described; and were reviewed on an ongoing basis using the Risk, Needs, Dynamic Assessment (RND) on a weekly basis.

The RND assessment process ensured that staffing arrangements were informed by an assessment of risk, acuity, and resource available. This analysis was shared with the commissioner, and stakeholders to support shared understanding of risks in the service and subsequent impact upon places available.

Planned staff training that is responsive to the needs of the young people and the staff team contributes to building upon staff confidence, skill and resilience. This also ensures staff are equipped to meet any complex needs within the resident group. Sampling of training records provided assurance of good compliance with mandatory and specialised training. Where deficits in training compliance were noted, assurance was provided that an appropriate skill mix of staff was distributed across shifts; to ensure there were the right number of staff, with the right skills available to the young people on each shift.

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

The provider confirmed that the premises building and engineering services were maintained in accordance with relevant codes of practice, standards and current best practice guidance. This was evidenced through discussions with staff and the inspection of relevant premises records.

The provider had identified that the increasing complexity of young people's needs, and the limitations of the physical environment, both with respect to size, layout, and facilities available, were a contributory factor to an increase in challenging incidents and/or harm to staff. RQIA were assured that this learning was informing the provider's deliberations regarding the future strategic direction of the service; and the need to ensure that the environment was keeping pace with the evolving needs of young people using the service.

In the short term, the provider had progressed a plan of works to improve the facilities. This plan had been developed in partnership with an Occupational Therapist, with a focus on reducing sensory stressors, promoting regulation, and enabling staff to better meet the individual needs of young people. This plan of works included replacement of internal doors to address concerns regarding security and safety; following periods of distressed behaviours and sustained damage to the environment.

Damage to the environment was visible, and there were ongoing storage issues evident within the kitchen/dining areas and in young people's bedrooms. Furthermore, observations of young people's bedrooms and communal areas raised concern regarding the overall cleanliness of the environment. This had potential to undermine the nurturing and therapeutic presentation of the home and negatively impact young people lived experience.

Whilst there was an ongoing programme of remedial works in the home, further action was required to address the storage issues in the home, and the overall cleanliness and presentation of young people's spaces. A review of the storage available should be undertaken and remedial action taken where required. An area for improvement was identified.

An environmental audit should be carried out to assess the overall cleanliness of the home, promote staff accountability in this regard, and identify any further actions needed to maintain a safe and therapeutic environment for young people. An area for improvement was identified.

5.2.4 How does the service promote a positive culture within the service?

Discussions with staff and the management team provided assurance that staff operated from a strong value base, which was centred on young people's needs and human rights. The use of restrictive practices were considered by staff to be a last resort, implemented only when necessary and in proportion to the risk of harm if no action were taken.

This young person centred approach to care was enabled and strengthened by the range of supports available to staff. Staff had access to regular reflective practice sessions, providing a culture where staff could be supported to understand young people's experiences, trauma and behaviours. Feedback from staff demonstrated they were supported and listened to by the

management team. Team meetings and staff supervision were available regularly and these support mechanisms were further supported by the management team's 'open door' policy.

Staff provided a positive view of the actions being taken by the provider to address the ongoing challenges in the service, and the introduction of mechanisms such as a fortnightly bulletin to ensure staff were informed of actions taken had been well received. Sampling of bulletins provided assurance that the provider was listening to concerns or suggestions raised by staff, and confirmed the actions they had taken in response. Embedding this approach into practice will continue to promote staff confidence, morale, and trust in leadership, while supporting a collaborative approach to addressing challenges within the service.

The provider recognised the significant impact on staff morale following a period of increased injury and harm to staff. A People and Culture Group was established as part of the wider strategic response to the current service challenges. This group was progressing actions to improve staff's experience which included reviewing the policy for managing violence and aggression, staff skills and training, and wellbeing supports available to staff.

The establishment of this group provides a structured mechanism to review practice, strengthen staff support systems, and promote safer working environments, ultimately contributing to more stable and effective care for young people in the service.

5.2.5 How does the service ensure that young people benefit from a coordinated multidisciplinary approach to care and support?

Ensuring that young people have consistent and ongoing access to appropriate professionals, at the point of transition into the service, throughout their placement, and during discharge back to their community, increases the likelihood of coordinated, holistic, and young person-centred care.

Inspection findings provided assurance the multidisciplinary team (MDT) were working in partnership with care staff, fostering a shared understanding of each young person's needs and enabling the delivery of a collaborative and unified plan of care. The MDT demonstrated a strong commitment to providing 'wrap-around' support to young people, with a clear focus on ensuring staff had a sound understanding of each young person's formulation and care plan. This, in turn, supported staff to develop the knowledge and confidence required to effectively meet the needs of the young people in their care.

Engagement with the clinical psychologist and the senior management team highlighted the adaptations needed to meet young people's additional needs related to neurodiversity. The provision of reflective practice for staff, alongside ongoing training in neurodiversity, trauma, and the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC), supported staff to develop a deeper understanding of how to therapeutically respond to individual young people's diverse needs, behaviours, and communication styles. This provided assurance that the provider was cited on the need to further develop staffs skills and knowledge and ensure that their approach to caring for all young people was individualised, trauma informed and young person centred.

Effective transitions back to community placements are critical in ensuring continuity of care, supporting reintegration, and maintaining the progress young people may have achieved during placement. Since the last inspection, the provider had continued to reflect upon what was

working well, and what could be further improved with respect to this process. A pilot initiative, whereby a transition worker could be made available to a young person, post discharge, had been maintained. Whilst this pilot had not yet been evaluated, the provider continued to identify good outcomes were being achieved.

However, challenges remained with respect to some young people experiencing multiple admissions to the service, or protracted transition phases back to their placement in the community. Evidence was available the provider was proactively advocating to improve outcomes for young people by escalating concerns to relevant stakeholders where appropriate.

Records and discussions with staff provided assurance that the senior management team were seeking to work in partnership with young people and their professional network to reduce repeat admissions to settings where young people are deprived of their liberty.

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	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 16 **Stated:** First time **To be completed by:** 31 August 2026	The registered person should ensure a composite action plan is produced that will strengthen the strategic oversight of the improvements required and ensure robust governance arrangements and mechanisms are in place to monitor progress, and mitigate risks. This action plan should be subject to regular review, and be made available for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: The centre has developed an action plan where progress will be monitored on the improvement areas alongside the senior management team through monthly and bi-monthly established forums. The action plan outlines the priority strategic objectives for the service.

Area for improvement 2 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall review the adequacy of both internal and external storage arrangements within the home. A clear action plan and associated programme of works should be developed to ensure sufficient, safe, and appropriate storage facilities are available. Ref: 5.2.3
	Response by registered person detailing the actions taken: The centre continues to work closely with Estates colleagues as part of the wider programme of renovation and upgrade works within each of the children's homes. Progress against these works is reviewed on a monthly basis through established governance arrangements, to ensure priorities are identified and progressed in a timely manner. Planning has also commenced in relation to one of the children's homes, with senior Estates representatives having undertaken a recent site visit to assess the environment and review areas requiring improvement, including the adequacy of current storage arrangements. It is anticipated that a business case will be developed and considered as part of the 2026/2027 financial planning cycle, to support further refurbishment and improvement works within this home. As part of this process, the provision of additional robust and fit-for-purpose storage solutions will be explored to ensure sufficient, safe, and appropriate storage facilities are available for young people and staff. A phased action plan will be developed alongside Estates colleagues, to identify priorities, timescales, and associated works required to address identified deficits. In the interim, the limitations of the current storage facilities continue to be monitored and managed through existing governance processes. This issue remains a focus for the Trust's Estates Risk Meetings and is also regularly reviewed through the Environmental Working Group, which forms part of the wider People and Culture governance structure. These forums provide ongoing oversight of risks, enable escalation where required, and support the identification of interim measures pending completion of longer-term, environmental improvements. Collectively, these actions provide a structured approach to reviewing and improving internal and external storage arrangements, ensuring that the environment remains safe and conducive to the therapeutic care of young people.

Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 31 May 2026	The registered person should ensure an environmental audit is carried out to assess the overall cleanliness of the home, promote staff accountability in this regard, and identify any further actions needed to maintain a safe and therapeutic environment for young people. Ref: 5.2.3
	Response by registered person detailing the actions taken: An environmental audit tool has been developed and implemented to support the ongoing monitoring of environmental standards across the centre. Team Leaders are required to complete this audit on a weekly basis to review the condition, cleanliness, and overall presentation of the homes, identify areas requiring attention, and ensure accountability for maintaining a safe and therapeutic environment for young people. In addition, a daily environmental checklist has been incorporated into the staff handover process. This checklist prompts staff to undertake routine checks of the home environment, with a particular focus on cleanliness, maintenance issues, and health and safety considerations. Any concerns identified are escalated through an established management process, to ensure timely action is taken and responsibilities are clearly assigned. Social Work and Social Care staff and the management team continue to work collaboratively with Patient Experience staff to maintain high standards of cleanliness and presentation throughout the centre. Furthermore, the Patient Experience Service has developed a daily monitoring checklist for staff responsible for maintaining the cleanliness of communal areas. This process includes clear escalation arrangements to ensure that any unmet actions or concerns relating to environmental standards are promptly identified, addressed, and monitored for completion. Senior managers in the centre, will complete monthly environmental checks. These measures collectively support ongoing quality assurance, promote staff accountability, and ensure a good standard of environmental cleanliness in the children's homes.

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