The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048898

4 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 children and young people living in this home have had adverse childhood experiences which has resulted in them requiring residential care. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 04 February 2026 between 9:30 a.m. and 6:30 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 three areas for improvement identified during the last inspection were assessed as met. Two were in relation to medication management and one in relation to complaints. One further area for improvement regarding medication management was not reviewed, and will be carried forward to the next inspection.

One new area for improvement was identified in relation to safe recruitment of staff.

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 good governance systems in place, and detailed care plans and risk assessments that informed actionable support and safety plans. Staff had a detailed understanding of young people's individual needs, positive relationships with young people were evident, and the staff team operated from a strong value base which was young person centred and human rights led.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with young people, staff and visiting professionals on the day of inspection.

Young people told us that they liked living in the home and that there were good relationships with staff. The young people confirmed they had regular opportunities to have their say through mechanisms such as keywork sessions with staff, and through engagement with external independent advocates.

Young people raised areas of dissatisfaction regarding staff approaches to daily routines and expectations. They said their views were not always taken into consideration, particularly in relation to access to resources, upkeep of their personal bedroom space, and school attendance. Discussions with the management team provided assurance that young people's view and opinions were listened to and given due consideration; however, it was acknowledged that young people's views cannot always be accommodated where there are health and safety considerations.

Staff expressed a positive outlook on their role and that the care provided was young person centred and compassionate. The management team were described as supportive, particularly when challenges arose, or risks were increased.

New staff members described a good skill mix across the team, and confirmed they were supported by experienced staff. They described how this approach enhanced the induction process, and helped to build confidence and understanding regarding routines, care and support plans, risk assessments, policy and procedure.

Professionals spoken with on the day of the inspection described an effective and knowledgeable team who were skilled in supporting young people through crisis led behaviours. Communication was reported to be timely and responsive; the staff team were described as knowledgeable regarding the individual young people's needs, and clear on processes to enhance care planning and multi-disciplinary support.

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 12 December 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:** Appendix 1, Standard 2 **Stated:** First time	The registered person shall ensure that personal medication records are checked and signed by two trained members of staff when they are written or updated to verify that they are accurate Ref: 5.2	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	
Area for improvement 2 **Ref:** Appendix 1, Standard 3 **Stated:** First time	The registered person shall ensure that the temperature of the medicine's storage area is monitored and recorded daily to ensure that medicines are stored appropriately. Ref: 5.2	**Met**

	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	
Area for improvement 3 **Ref:** Appendix 1, Standard 1 **Stated:** First time	The registered person shall ensure that a written list of current prescribed medicines is obtained from the prescriber at or prior to admission for new young persons. Ref: 5.2	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 **Ref:** Standard 21 **Stated:** First time	The registered person shall ensure that records are maintained which evidences the robust investigation of complaints. Records should reflect all communication with complainants or relevant others, with clear outcomes of the investigation, and any actions taken. The complaints process should support continuous learning and improvement within the service. Ref: 5.2.4	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	

5.2 Inspection findings

5.2.1 Are young people receiving care and support which promotes positive behaviour and delivers safe care?

The management of behaviours of concern may require a predetermined, crisis response from staff in line with young people's Individual Crisis Support Plans (ICSP's) and agreed interventions. Records reflected an individualised and co-ordinated approach was in place involving staff, relatives/carers and the multidisciplinary team.
This approach supported collaboration and shared understanding of behaviour, and enabled staff to identify preventative measures and promote young people's safety and wellbeing in a compassionate manner.

Care records sampled clearly identified risk behaviours, associated triggers and the strategies in place to reduce the risk of harm. Care plans were up to date with clear setting and review of therapeutic goals to improve the young people's lived experience. The staff team were proactive in ensuring the young people could access a variety of community activities to enhance social skills, creating opportunities for them to gain new skills and experiences.

Staff were knowledgeable regarding restrictive practice, and worked to minimise restrictions by empowering consequence thinking in young people, and encouraging them to reflect upon their safety and wellbeing. The use of restrictive practices were considered by staff to be a last resort and implemented only when necessary, and in proportion to the risk of harm if no action is taken.

Actions that restricted young people had clear justification and were based on an assessment of risk, which was evidence that the restriction was needed and proportionate, and agreed alongside the multi-disciplinary team. As this agreement was not always recorded within the home's restrictive practice framework, advice was provided in this regard to ensure the framework is updated to reflect consultation with the young person's wider network.

Health and well-being plans were in the process of being completed for all young people. There was evidence of harm reduction practice, and educative work being completed with young people around issues that were pertinent to their individual needs. Professional network meetings had been increased in frequency, when required, to ensure a multi-disciplinary response to the young people's needs. This ensured a shared approach to decision making and dynamic risk assessment, with the aim to promote safe care.

Regular young people's meetings ensure the voices of the young people are heard and used to shape the delivery of care. Meeting minutes sampled confirmed these meetings were regular with actions agreed and outcomes recorded following each meeting. There was evidence that information from young people's meetings were shared with the staff team in handovers and in team meetings. This approach supports maintaining a culture within a home that is young-person centred, and encourages and maximises the participation of the young people in every aspect of decision making about their care, welfare and environment.

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

Young people thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships. Responsive staffing arrangements are also essential to safeguard and promote the health and wellbeing of the young people and to ensure adherence to safety plans.

There were a number of vacancies within the staff team and therefore a subsequent reliance on bank and agency staff to ensure safe staffing levels, and the required skill mix was maintained. The person in charge described the staffing levels which had been assessed as necessary to meet the needs of the young people.
Sampling of the staff rotas evidenced staffing levels were consistent with the levels described; and were reviewed on an ongoing basis to ensure they remained consistent with the needs of young people in the home.

Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the young people in the home. A robust induction process will not only benefit newer members of staff with integrating into their role, but it will also help promote a consistent approach in relation to daily practices within the home.

Induction records sampled provided assurance that staff had undertaken a service specific induction. There was evidence that staff registrations with the Northern Ireland Social Care Council (NISCC) were regularly audited, and a departmental induction checklist had also been completed. However, induction records inspected were not signed and dated by the manager and completing staff member. Advice was provided to ensure this is completed moving forward and progress in this area will be reviewed at the next care inspection.

To support safe staffing arrangements, staff are required to undertake appropriate training, to support them to provide safe, effective and compassionate care. Review of the training matrix confirmed staff had access to a range of mandatory and specialist training and good compliance with training was evidenced. Advice was given to the manager to further audit systems in place to monitor compliance and progress made against the training plan.

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. Agency staff were noted to have recently changed employer, and evidence was not available that verification regarding staff recruitment checks had been sought from the new employer. This limited the manager's assurance that all staff working in the home had been subject to safe recruitment practices as required by Regulation 25 and Schedule 2 of the Children's Homes Regulations (Northern Ireland) 2005. An area for improvement was identified.

A review of records identified that appropriate actions had been taken in response to a safeguarding incident within the home. Engagement with the management team confirmed an understanding of the NISCC code of Conduct and Practice, which was reflected in their response to potential risk, oversight of practice and focus on safe outcomes for young people.

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.

Issues with regards to outstanding estates works, as highlighted in monthly monitoring reports submitted to RQIA prior to the inspection, had been completed.

The home was nicely decorated and presented as a comfortable, welcoming and homely space for young people to live. The management team confirmed that young people's bedrooms were decorated in line with their wishes and feelings. An outdoor space with child friendly equipment was also available to the young people.

Fire safety records were reviewed and noted to be well maintained. A Site-Specific Evacuation Procedure was held on file and there was evidence that this had been reviewed by the Lead Fire Warden. Fire safety checks were consistent. The fire risk assessment had also been actioned appropriately.

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

The inspection findings concluded that there were robust arrangements in place with respect to governance and quality assurance.

A robust supervision matrix was available to review and demonstrated regular supervision was taking place with staff. Reflective practice forums, individual and group supervisions were also completed, alongside annual appraisals. It was positive to note agency and bank staff had also received an annual appraisal.

Inspectors were able to cross reference documents; and this demonstrated there was a dynamic approach to risk assessment to best meet the needs of the young people. There was evidence of good communication across the team and with other relevant professionals.

Effective information sharing supports staff to make safe and effective day to day decisions on how care is delivered; whilst also providing evidence that robust planning is in place.
There was evidence of daily handovers and sharing of information via a robust handover template. This also ensures accountability and traceable information for auditing purposes.

Outcomes for young people were strengthened through delegation of tasks across staff on shift, promoting shared accountability and an understanding of individual young people's needs. Staff confirmed they were actively involved in decision-making processes, supported by a coach approach and collective leadership model. They reported this approach increased confidence and consistency in practice.

Staff also spoke of having regular opportunities for reflective practice which created a safe space for them to reflect on what is working well, what needs to be improved, and what learning could be shared to enhance their practice.

Sampling of complaints records demonstrated they were maintained securely. There was evidence that relevant information pertaining to those complaints had been shared with the team, and learning also shared. Outcomes were recorded; however, some gaps were noted in relation to evidence that the complainant was satisfied with the action taken' section. This was shared with the management team and advice provided to ensure this is consistently recorded moving forward. Complaints were cross referenced with safeguarding records, and there was evidence that this had been completed appropriately. Evidence was also available that the complainant had been kept up to date on progress.

Team meetings are crucial for fostering a collaborative child centred approach, they provide opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to care. The inspection findings confirmed regular team meetings were completed and were well attended.

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	1	1*

* the total number of areas for improvement includes one area for improvement which is carried forward for review at the next inspection.

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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 28 February 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
	Response by registered person detailing the actions taken: In line with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005 all appropriate evidence that all staff working in the home have been subject to safe and robust recruitment practices will be maintained and available.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 2 **Ref:** Appendix 1, Standard 1 **Stated:** First time	The registered person shall ensure that a written list of current prescribed medicines is obtained from the prescriber at or prior to admission for new young persons. Ref: 5.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Please ensure this document is completed in full and returned via the Web Portal



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

Assurance, Challenge and Improvement in Health and Social Care