The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048934

19 March 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:** – Southern Health and Social Care Trust	**Manager status:** Not registered-application submitted

Brief description of how the service operates:

This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).

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 19 March 2026 between 9.15 a.m. and 4.45 p.m. The inspection was conducted by a care inspector.

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

Young people were supported by an experienced staff team. Staff demonstrated a young person centred, trauma informed approach. Staff had a detailed understanding of the young people's individual needs and positive relationships were evident. Additionally, the young people had access to a network of professionals to support and guide them.

One area for improvement identified at the last care inspection was met in relation to staff training for harmful sexualised behaviour. Four new areas for improvement in relation to the fire risk assessment, environment, staff supervision, and Individual Crisis Support Plans (ICSPs) were identified.

The inspector concluded there was safe, effective and compassionate care delivered in the home and discussions with a senior manager post inspection provided assurances that they

were cited on the challenges in the service and that the identified areas for improvement were being acted upon in order to best meet the needs of the young people.

The findings of this report will provide the management team with the necessary information to improve staff practice and young people's experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection.

A range of documents were examined to determine that effective systems were in place to manage the home and deliver safe care.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.

Information was provided to young people, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this home. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff.

Young people were observed to be at ease in the presence of staff and interacted I conversation throughout the day. Young people told us that they liked living in the home and felt cared for by the staff team. Questionnaires completed by the young people which were received post inspection confirmed that young people had been involved in making decisions about their care and that they felt safe within the home.

Feedback from staff provided a positive view regarding the visibility of the management team, the supports provided to the staff group and the level of care provided to the young people. Staff were observed to engage with young people in a manner which was positive and caring.

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 4 February 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 17.11 **Stated:** First time	The responsible person shall ensure that training is provided to all relevant staff, in line with their roles and responsibilities, in the area of harmful sexualised behaviour to ensure that staff are equipped with the knowledge and skills necessary to meet the assessed needs of the children.	**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?

Discussions with staff and the management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led.

The use of physical interventions were considered by the management team and staff to be a last resort, implemented only when necessary and in proportion to the potential risk of harm. Evidence was available to confirm monitoring and oversight arrangements were in place to review staff practice and ensure they remain proportionate and responsive to the young people's needs. However, evidence was not available on the day of inspection to provide assurance debriefs were made available to staff following an incident or that the learning had been shared with the wider team. Discussions post inspection with a senior manager provided assurances that staff have access to individual and group reflective practice sessions and learning from significant incidents is shared during these times.

Environmental restrictions were in place and records provided assurances that the restrictions implemented were; based on an up to date assessment of risk, proportionate, agreed by relevant others and in place for the least amount of time.

Handover records are a key communication tool between staff and members across shifts to ensure that essential information is shared effectively. The handover records were sufficiently detailed and consistently completed to promote effective communication between staff.

It is essential young people's records are detailed and updated regularly in order to inform staff about each young person's individual needs. Review of young people's safety plans demonstrated a person centred and co-ordinated approach by those involved in the young people's care. However, sampling of young people's Individual Crisis Management Plans (ICSPs) did not provide assurance that these were being regularly updated and reviewed, in agreement, with the multidisciplinary team where this may have been required. An area for improvement was identified.

Review of young people's health and wellbeing plans demonstrated a commitment to engaging young people in education placements and multiple extracurricular activities. This approach demonstrated that the staff aimed to maximise opportunities for young people to achieve their goals, develop their confidence and self-esteem and feel connected to their wider community.

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

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

The management team 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, however, the management team was routinely involved in supporting the rota and providing direct care for the young people. Whilst the manager's strong visual presence in the home supports staff, role models best practice and ensures care remains trauma informed and consistent; this has the potential risk of impacting their ability to undertake key governance tasks associated with their role as the manager.

Discussions with the management team highlighted they were aware this was not sustainable. Assurance was provided that vacant posts were being recruited to; staffing levels remained under review, and there was a consistent pool of bank staff supporting the care of the young people. Progress in this area will be reviewed during future inspection activity.

Training which is responsive to the needs of the young people and of the staff team contributes to building upon staff confidence, skill and resilience. Review of staff training matrix, alongside additional information reviewed post inspection, demonstrated good levels of compliance with mandatory training to equip staff with the necessary knowledge and skills. Training was provided to core staff in relation to harmful sexualised behaviour training was delivered to the core staff team. Advice was provided however to ensure refresher training is available to current staff where necessary to ensure they maintain the necessary skills and knowledge to continue to meet the assessed needs of the young people.

Some evidence was available that team meetings were taking place; and that alternative measures were in place for staff such as extended handover meetings or staff check ins were a

full staff meeting was not possible. A staff support day had also been arranged to provide a space to reflect on challenges collectively. Evidence was not available on the day of inspection however to demonstrate staff were receiving supervision.

Discussions with the management team and a senior manager post inspection provided assurances that staff had access to informal supervisions and regular supports. This was also echoed in discussions with the staff team. Whilst these arrangements provides some assurance, it does not negate the requirement for regular formal supervision to be delivered to support individual staff needs and ensure adherence to professional codes of practice. An area for improvement was identified.

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

Fire records evidenced fire safety checks were completed regularly and consistently. However, review of the Fire Risk Assessment demonstrated this was due to be reviewed in July 2025 and had not yet been completed. Additionally, evidence was not available that the associated action plan had been completed by the management team. An area for improvement was identified. Assurance was provided by a senior manager post inspection that this issue had been escalated for action.

Young people have the right to live in a homely well maintained environment. Young people's bedrooms were decorated in keeping with their personal preferences, and the arrival of new furniture was noted on the day of inspection. However, further environmental improvements were required to enhance the overall presentation of the home. Paintwork on doors and walls was noted to be chipped and graffiti was visible. Storage presented as an issue in a number of rooms, including the staff office and recreational areas. Discussions with the management team and a senior manager advised they were aware of these existing issues and discussed plans to progress work within the home. An area for improvement was identified.

5.2.4 How does the service promote the voice of the young people?

Promoting young people's involvement and participation supports young people to influence the way they are cared for, and reinforces the message that their views and opinions matter. Whilst young people's meetings were difficult to achieve due to the current dynamic within the home, evidence of records and discussions with staff noted young people were regularly provided with an opportunity to raise any issues, express choice in regard to activities, and influence the running of the home and delivery of care.

Discussions with the management team noted young people have access to advocacy services via Voice of Young People In Care (VOYPIC) on a regular basis, whilst young people may chose mainly not to avail of this service, they were aware it was available to them and the advice and support which they could access if required.

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	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team and Senior 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 31 **Stated:** First time **To be completed by:** 19 April 2026	The registered person shall ensure that the home had a current fire risk assessment in place, actions arising as a result of the assessment are responded to, and that the associated action plan is updated to evidence the actions taken. Ref: 5.2.3
	Response by registered person detailing the actions taken: The most recent Fire Risk Assessment for the home is June 2024 and this has been highlighted to Fire Safety Department in the Trust as overdue for review. Unfortunately, they have advised that due to resource issues it is on a priority waiting list of several Trust facilities overdue for review. This matter has been escalated by the Director for Children's Services to Director for Estates who has agreed that this home's Fire Risk Assessment will be completed as a matter of urgency.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 11 June 2026	The registered person shall ensure that the re-decoration and maintenance service is responsive to the immediate requirements of the home. The following actions are required: • Repainting of internal walls and doors • Review of storage options available in recreational areas and managers office. Ref: 5.2.3

	Response by registered person detailing the actions taken: This has been escalated to the Home's Estates Building Officer who has visited the home to view what is required. They are to agree a schedule of when this work can commence and are aware that this is a priority for the service. Assistant Director and Head of Service have also met with the Building Officer and have established quartlerly interface meetings to agree schedule of works based on service priorties.
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 11 June 2026	The registered person shall ensure that Individual Crisis Support Plans (ISCPs) are regularly reviewed and updated; and where relevant, demonstrate consultation and agreement with the multidisciplinary team. Ref: 5.2.1
	Response by registered person detailing the actions taken: Achieved. These have all been reviewed for the current residents and will be regularly reviewed within the Care Network Meeting going forwards as required.
Area for improvement 3 **Ref:** Standard 17.13 **Stated:** First time **To be completed by:** 11 June 2026	The registered person should ensure there is regular supervision for all staff, in line with the provider's policy and procedure. Records of supervision are maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: Achieved and ongoing. The Operational Manager has conducted an audit of supervision and will monitor supervision frequency in the coming months, and will undertake supervision directly with staff if the Manager and Deputy continue to experience challenges with scheduling this due to prioritising the staffing levels on the floor.

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