The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN049101

17 December 2025

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:** Independent Provider **Located within:** – Western Health and Social Care Trust	**Manager status:** Registered
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 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 17 December 2025 between 9.20 a.m. and 4.10 p.m. The inspection was conducted by two care inspectors. The inspection concluded on 22 December 2025 following submission of additional information to RQIA.

RQIA had received intelligence in relation to safeguarding incidents and alleged staff misconduct which raised concerns regarding the arrangements in place to promote young people's safety in this home. In response, RQIA undertook an inspection which focused on the concerns raised. The inspection process also assessed all areas for improvement (AFI) identified during the last care inspection.

An AFI identified at the last care inspection was assessed as met in relation to restrictive practice. A second AFI in relation to staff training, was partially met, and was restated for a second time.

The inspection findings identified significant concerns in relation to; the staffing model, staff recruitment, supervision and support of staff and the overall leadership and governance arrangements within the service. Enforcement action 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 children and young people.

RQIA invited the provider representatives to a meeting on 20 January 2026 with the intention of serving two Failure to Comply Notices in respect of The Children's Homes Regulation (Northern Ireland) 2005, Regulation 25 - Fitness of Workers and Regulation 26 - Employment of Staff.

At this meeting, the providers' representatives gave an account of the actions they had progressed and further actions they had planned to drive improvement and achieve compliance with Regulation 25 - Fitness of Workers. RQIA were not assured however there was a sufficiently developed, time bound action in place to address the concerns identified. There was a risk that unsafe recruitment practices could persist and potentially expose young people to harm. RQIA therefore determined to serve a Failure to Comply Notice with respect to this regulation. The Notice outlined immediate and effective actions required to ensure that the necessary measures were implemented without delay and to achieve full compliance with the regulations. This is discussed in detail in section 5.2.3.

RQIA were assured however that the provider had developed an action plan that sought to ensure staff possessed the necessary skills, knowledge, and expertise to fulfil their roles and responsibilities; establish audit and assurance mechanisms to improve the overall quality of supervision; and ensure learning is shared across the organisation with the aim to drive improvement. RQIA therefore made the decision not to serve a Failure to Comply Notice in respect of Regulation 26 - Employment of Staff.

RQIA also invited the provider to a Serious Concerns meeting on the same date, to seek assurance, there was a robust plan in place to address the concerns identified with respect to governance arrangements. At this meeting, the necessary assurance was provided there was a targeted plan in place to ensure effective oversight and scrutiny of the organisational systems; improve strategic leadership, drive quality improvement, and embed robust social care governance and escalation arrangements. This is discussed further in section 5.2.3.

The inspection findings also identified concerns the home did not employ the required number of staff to fulfil the Statement of Purpose (SOP), provide care for the number of places for which the service was registered, and the needs of the young people placed there. There was a reliance upon temporary staff and core staff, including the deputy manager, to work excess hours. This was not a sustainable position or recognised as a safe staffing model in the longer term.

In response, the provider was invited to attend an Intention to Serve a Notice of Proposal (NOP) meeting on 22 January 2026 in respect of a breach of Regulation 24 – Staffing of Children's Homes. At this meeting, the provider outlined a recruitment plan that if achieved would ensure the staffing model was aligned with the registration of the service. RQIA placed its decision on hold to provide opportunity for an action plan to be submitted that was supported by evidence there was now a defined staffing model and time bound staff recruitment and induction plan in place. Following submission of further evidence and a subsequent meeting with the provider on 3 March 2026, RQIA determined not to serve a Notice of Proposal to reduce the maximum number of places in the service.

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 was 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.

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

Young people chose not to engage with the inspectors. No feedback was received by RQIA via questionnaires or electronic survey post inspection.

Discussion with staff confirmed that they felt positive about their roles, how young people were being supported, and the support they received from the management team. They also described working within a learning culture where they had access to training, regular professional development and that there was good morale amongst the staff team.

Feedback from professionals was generally positive. They described high quality and young person centred care being delivered on an ongoing basis, supported by effective communication and multidisciplinary working between the service and community-based teams, to ensure the holistic and individual needs of the young people were met.

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 5 June 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 16	The registered person shall ensure robust processes are in place for the implementation and review of restrictive	**Met**

Stated: Second time **To be completed by:** 14 August 2025	practices. Records should clearly evidence that restrictive practice is: - only implemented on the basis of an assessed need or risk related to the individual young person for the shortest time period - the least restrictive option when used and provide evidence all other options were exhausted - agreed with the multi-disciplinary team, the young person and/or their representative, - subject to review which will involve review of its effectiveness/ outcomes and the impact on the young person.	
	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 17.10 **Stated:** First time **To be completed by:** 14 August 2025	The responsible person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people.	**Partially met**
	Action taken as confirmed during the inspection: A review of available evidence confirmed that a training matrix was in place and overall staff compliance with training was good. However, gaps were noted in respect of Therapeutic Crisis Intervention, Fire safety and Fire Warden training. This is discussed further in section 5.2.2.	

5.2 Inspection findings

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

At the point of inspection, the home did not employ the required number of staff to fulfil the SOP, provide care for the number of places for which the service was registered and to meet the needs of the young people placed there. The reliance upon temporary staff and core staff, including the deputy manager, to work excess hours, had in the short term mitigated against staff absence and vacant posts, to achieve safe staffing levels. Discussion with the management team, and review of records identified staff had raised concern regarding their wellbeing. Whilst the provider had taken action to address staff concerns, and confirmed a commitment to continued recruitment efforts, the current staffing position was not sustainable or recognised as a safe staffing model in the longer term.

This concern was discussed with the provider during an Intention to Serve a Notice of Proposal Meeting on 22 January 2026. At this meeting, the provider confirmed they did not intend to admit any further young people to the service; and described an action plan which intended to recruit, induct and train additional staff, including a senior manager with the aim to strengthen the overall leadership and governance of the home. Following submission of further evidence and a subsequent meeting with the provider on 3 March 2026, RQIA determined not to serve a Notice of Proposal to reduce the maximum number of places in the service. There was now a time bound plan in place to address the staffing challenges in the service, prior to the admission of any additional young people to home.

Significant concerns were also identified in relation to recruitment processes. Full and satisfactory information was not available with respect to all staff employed in the home; there were significant gaps noted in relation to checks completed, and the Registered Manager did not have sufficient oversight of staff recruitment processes. Evidence was not available that robust and safe recruitment practices were in place to ensure the protection of young people and confirm that staff working in the home were suitable for the roles to which they have been appointed.

This concern was discussed with the provider during an Intention to Serve a Failure to Comply Notice meeting on 20 January 2026. RQIA were of the view the action plan described by the provider was not sufficiently established and did not provide assurance a coherent, targeted, and time bound action plan was in place that would remedy the weaknesses in current practice. Furthermore, RQIA were not assured due consideration had been given to the review of recruitment policies and procedures, associated documentation, or the development of an audit schedule to monitor compliance against the action plan.

In light of these concerns, and given the ongoing risk that unsafe recruitment practices may persist and potentially expose young people to harm, RQIA determined to serve this Failure to Comply Notice. This Notice outlined the immediate actions required to ensure that the necessary measures were implemented without delay and that full compliance with the regulations would be achieved. Compliance with this Notice must be achieved by 29 March 2026.

Sampling of staff records and discussion with staff confirmed that arrangements were in place to provide ongoing support and supervision for staff. Arrangements were also in place to support staff in their Assessed Year in Employment (AYE). Staff provided positive feedback regarding the management team and confirmed supervision was available, there was an open door culture in the home where staff could access support in a timely way, and that opportunities for reflective practice were regular and promoted by the management team.

Sampling of supervision records identified there was inconsistency in relation to quality of recording. Responsibility of supervision for some staff was delegated by the manager within the staff team. RQIA were not assured there were robust arrangements in place to ensure staff had the necessary knowledge, skills and experience, and had been assessed as competent to take on these additional roles and responsibilities. Evidence was not available the arrangements in place supported escalation of matters related to staff practice, culture or potential indicators of concern in a robust and timely manner, or that there were robust audit and monitoring arrangements in place aligned to the delegated supervision model.

In addition, the Registered Manager did not have access to professional supervision by a social work qualified professional supervisor in line with Social Work (NI) Supervision Policy 2024. This was a missed opportunity, as access to professional supervision supports continued professional development, challenge and accountability.

These concerns were discussed with the provider during an Intention to Serve a Failure to Comply Notice meeting on 20 January 2026. RQIA were assured that actions had been taken by the provider since the inspection to address these concerns. An action plan was presented which included strengthening staff support, ensuring that all staff possess the necessary skills, knowledge, and expertise to fulfil their roles and responsibilities, the introduction of assurance mechanisms to monitor and evaluate the quality of and effectiveness of supervision arrangements; promoting opportunities for shared learning and development across the organisation and confirmation that arrangements were now in place to ensure the manager had access to professional supervision to the manager. RQIA therefore determined not to serve a Failure to Comply Notice with respect to Regulation 26. Progress against the provider's action plan will be assessed during future inspection activity.

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

Sampling of young people's care records provided evidence of effective care planning and risk management arrangements. The documents reviewed demonstrated regular multidisciplinary working, with a range of professionals, to promote young people's welfare and meet their holistic needs. Additionally, the records evidenced focused, strength-based and young person centred interventions that aimed to keep young people safe and uphold their rights.

The care documents, risk assessments and safety plans sampled were regularly reviewed, focused and accessible and provided clear guidance to staff on how best to manage risk and keep young people safe. A review of daily logs and additional care information evidenced consistency in service delivery, aligned with safety plans. There was also evidence of regular team and interagency communication aimed at meeting young people's needs and keeping them safe.

Care records sampled further evidenced individual engagement between staff and young people, to support the young people to progress their goals, problem solve and navigate challenges by offering assistance, guidance and solutions. Discussions with staff confirmed that regular team meetings and handovers took place and that these mechanisms assisted them to fulfil their roles and responsibilities and enabled them to meet the needs of the young people in their care.

A review of staff training and discussion with staff confirmed staff had access to relevant training and ongoing professional development. However, there was notable gaps in respect of Therapeutic Crisis Intervention (TCI) training, Fire training and Fire Warden training. This area for improvement was partially met and was therefore restated for a second time.

Evidence reviewed assured restrictive practices were implemented within the home in response to assessed need and risks. Advice was given to ensure evidence of review was maintained.

A review of care files identified gaps in Looked After Child (LAC) documentation and the completion of statutory field social work visits. Evidence was available the management team had made attempts to resolve this matter with the relevant professionals. The senior management team should ensure there is a robust escalation process in place to resolve such matters. Progress in this area will be reviewed during future inspection activity.

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

The inspection findings raised concerns regarding the effectiveness of the systems and processes in place to support good governance within the service. Sampling of board reports and associated meeting minutes did not provide assurance regarding the monitoring and oversight of the quality of care provided by the service, nor were the AFI's identified through inspection or monitoring visits highlighted to the board effectively.

Reports were operationally focused and did not provide sufficient data to support challenge, analysis and assurance regarding a range of key issues such as staff registration, training, supervision or conduct issues; incident management, safeguarding, learning and future practice; and monitoring of young people's outcomes or lived experience in the home. RQIA were also not assured there was robust strategic challenge and accountability in relation to performance monitoring, scrutiny of incidents, patterns and trends; and in ensuring regulatory compliance.

These concerns were discussed with the provider during a Serious Concerns meeting on 20 January 2026. At this meeting, the necessary assurance was provided there was now a targeted plan in place to strengthen oversight and scrutiny of the organisational systems in place to provide assurance the SOP was is delivered safely and effectively. Progress against this action plan will be reviewed during future inspection activity.

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 that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team and provider as part of the inspection process.

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:** 29 March 2026	The Registered Person must ensure that robust, safe recruitment practices are in place to ensure the protection of young people and confirm that staff working in the home are suitable for the roles to which they have been appointed. Actions the registered person must take are outlined in the Failure to Comply Notice dated 29 January 2026. Ref: 5.2.1.
	Response by registered person detailing the actions taken: Robust and safe recruitment practices are now in place to ensure the protection of all young people. A second verifier system has been introduced to ensure that all required records are present and complete for each staff member. An audit tool has also been implemented to confirm that all necessary documentation is in place. The audit tool has been completed for each staff member and placed in their respective personel files. Any gaps in employment history have been addressed. Where no valid reason was initially provided or dates were unclear, discussions have taken place and an appropriate narrative has been recorded. A new Recruitment and Selection Framework has been developed, providing a structured approach to attracting, selecting, and appointing staff. This supports the delivery of safe, stable, and high-quality care for young people by ensuring that the right individuals are recruited and retained within the workforce. In addition, a comprehensive and structured induction programme has been implemented for all new staff. This includes an initial induction covering key policies, procedures, safeguarding expectations, and mandatory training, followed by a period of shadow shifts to support learning in practice. An individual action plan is then developed to identify any further learning or training requirements and how these will be met. This process also determines whether the staff member is ready to commence core shifts.

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 17.10 **Stated:** Second time	The responsible person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people. Ref 5.2.2.
To be completed by: 30 March 2026	**Response by registered person detailing the actions taken:** All staff have completed their mandatory training requirements. Additional in-person training has also been delivered, covering Professional Boundaries, Safeguarding, Trauma-Informed Practice, Residential Care, and Adverse Childhood Experiences (ACEs). The entire staff team is now trained in Therapeutic Crisis Intervention (TCI). A training matrix is being utilised to record completion dates and identify when training is due for renewal. A traffic light system has been implemented to provide clear visual guidance on compliance. Further safeguarding training is scheduled for the end of April 2026. Moving forward, the training matrix will be closely monitored by a designated individual, who will work in close liaison with the Registered Manager to ensure that training is scheduled in advance and compliance is consistently maintained. Additionally, for governance, training is a standing agenda item in monthly management meetings to ensure all staff are fully up to date with training and to identify any further areas of training that may be helpful to a staff team caring for young people who present with behaviours that challenge and complex trauma histories.

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