The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN049102

18 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:** - Southern 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.	

2.0 Inspection summary

An unannounced inspection took place on 18 December 2025 between 9.20 a.m. and 5.30 p.m. The inspection was conducted by two care inspectors.

The inspection was undertaken in response to intelligence received by RQIA regarding safeguarding incidents and alleged staff misconduct; which raised concerns regarding the arrangements in place to promote children's welfare in this service. The inspection process also assessed all areas for improvement identified during the last care inspection.

The inspection findings confirmed that all five Areas for Improvement (AFI) identified during the last inspection were met. However, significant concerns were identified in relation to the current staffing model and its misalignment with the Statement of Purpose (SoP) and registration of the service. There was not sufficient numbers of staff employed within the service, staffing ratios did not make provision for a responsive, dynamic approach to risk management, and concerns were identified regarding staffs ability to meet children's needs.

Furthermore, pending changes to the management arrangements had potential to further increase the current level of instability and deficits in experience and knowledge within the staff team.

Concerns with respect to the staffing model were first identified by RQIA during an inspection of the service on 14 April 2025, and were discussed with the provider during a Serious Concerns meeting on 29 April 2025. Whilst RQIA acknowledged the provider had subsequently taken action in an attempt to stabilise the staffing model, and had introduced an alternative crisis

intervention model better aligned to the children's needs, the inspection of the home on 18 December 2026 concluded progress made by the service had not been sustained.

In addition, six new areas for improvement were identified in relation to; undertaking a review of the service, complaints, staff training, fire safety, incident management and children's engagement.

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. RQIA met with the provider on 22 January 2026 to discuss the intention to serve a Notice of Proposal to impose a condition on the registration of this service; as a result of non-compliance with Regulation 11 Promotion of Welfare of The Children's Homes Regulations (Northern Ireland) 2005.

At the meeting, the provider gave an overview of the initial actions they had taken to strengthen staffing arrangements; and outlined their intention to undertake a rapid review of the service, with the aim to stabilise the home and secure improvement with respect to the overall quality of care. However, RQIA were not assured there was a coherent, risk informed plan in place, aligned to the improvements required, and at the pace necessary.

RQIA therefore determined it was necessary to serve a Notice of Proposal, confirming its intention to apply a condition to the registration to reduce the number of places in the service. The aim of this action was to ensure the home could promote and make proper provision for the care, protection and supervision of children accommodated; whilst timely and robust actions were taken to achieve sustained change.

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 children, 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 children, 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 and provider representatives at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with staff and children on the day of inspection.

Interactions observed on the day of inspection indicated positive relationships existed between children and staff. Children who did not wish to engage with the inspectors were observed at ease and relaxed in their environment.

Staff feedback provided a positive view regarding the support provided by the management team within the home. However feedback raised concern regarding the sustainability of the current staffing levels. Staff reported that recent changes to the rota had impacted upon staff morale and their capacity to fulfil all responsibilities associated with their roles. This feedback was discussed with the manager at the end of the inspection and during the enforcement meeting on 22 January 2026. See section 5.2.2 for further detail.

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 14 April 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 **Stated:** First time **To be completed by:** 23 June 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 child for the shortest time period • it is the least restrictive option and all other options have been exhausted • it has been agreed with the multi-disciplinary team, the child and/or their representative • there is a timescale for review, which will involve review of its effectiveness/outcomes and the impact on the child. Ref: 5.2.1	**Met**

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 23 June 2025	The registered provider shall ensure that strategies utilised by staff to manage behaviours which challenge are in line with Volume 4 of the Children Order Guidance and Regulations and support the safety and wellbeing of children at all times. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 3 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 23 June 2025	The registered provider shall ensure evidence is available and maintained that all staff working in the home have been subject to safe and robust recruitment practices. Ref: 5.2.2	**Met**
	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 12 **Stated:** First time **To be completed by:** 26 February 2025	The registered person shall ensure the Children's Guide is adapted so that it is appropriate to the child's age and level of understanding. Ref: 5.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 23 June 2025	The registered person shall ensure that the children's home is conducted so as to promote and make proper provision for the welfare of children accommodated there. This should include robust internal and external governance mechanisms, with respect to safeguarding arrangements. Ref: 5.2.1	**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 children are getting the right care at the right time?

Discussions with staff and the management team provided assurances that staff operated from a child centred value base. They knew the children well and how they liked to be cared for. Children's daily logs identified the quality of recording was of a good standard and the detail reflected the children's lived experiences. Records that guide and direct staff in supporting children's safety and wellbeing, such as risk assessments and Individual Crisis Support Plans (ICSPs) were detailed and regularly reviewed.

However, whilst care records were individualised, the voice of the child was absent within care plans and key work sessions. There was minimal key work sessions available for review, the records were descriptive, and did not provide assurance regarding the quality of engagement with children. Absence of the child's voice was further evidenced in a lack of children's meetings available for review.

Meaningful engagement with children regarding their care helps them develop self-esteem, self-identity and promotes their sense of ownership of their own care plan. Evidence was not available children were enabled and supported to take an active role in their own care planning, in line with their age and stage of development. An area for improvement was identified.

As noted in section 4.0, staff reflected on challenges meeting the complex needs of the children. When children present with risk based behaviours, it is essential there are the right number of staff with the right skills, knowledge and training to respond to their needs. Review of the staff training matrix demonstrated compliance with mandatory training. However, the review highlighted the need to assess staff training requirements to ensure they were aligned to the needs of the children. Evidence was not available staff had received training in areas such as Trauma Informed Practice, or Adverse Childhood Experiences. Action was required to ensure

staff training needs were reviewed and a training plan established to ensure staff were equipped with the knowledge and skills necessary for their roles. An area for improvement was identified.

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

The inspection findings identified significant concerns that the service did not employ the right number of staff to provide care for the number of places for which they were registered. Staffing ratios did not support a dynamic response to potential risks to children and staff, and upcoming changes to the management team had the potential to exacerbate the current level of instability and deficits in experience and knowledge within the team.

The rota was reliant upon temporary staff and core staff working excess hours to cover the rota. The management team were also working shifts to mitigate gaps in the rota. This was not a sustainable position, and if not addressed, had potential to impact upon safety and quality of care, and the outcomes children could expect to achieve in this service.

Evidence was also not available to provide assurance staff had the necessary knowledge, skills and experience to respond effectively to distressed behaviours. This concern was first discussed with the provider during a Serious Concerns meeting on 24 April 2025 following an inspection of the service on 14 April 2025. Whilst the provider had introduced Therapeutic Crisis Intervention (TCI) to better meet children's needs, the continued turnover of staff since the last inspection impeded the effectiveness of their implementation plan.

All staff were now trained in this crisis intervention model, and whilst strategies utilised by staff in response to behaviours which challenge were found to be in line with Volume 4 of the Children Order Guidance and Regulations; records did not provide assurance that TCI strategies were being implemented effectively. Incidents, at times, were prolonged in nature, and risks may have been minimised or reduced if staff had made early and effective use of strategies to prevent the escalation of distressed behaviours.

Incidents and the immediate actions taken by staff were documented, and there was evidence of analysis by the manager. The provider had outlined their intention at the Serious Concerns meeting on 24 April 2025 to establish a TCI oversight group to strengthen assurance in relation to incident management. However, there was no evidence this action had progressed. Regular reporting to an independent group could support the service to ensure staff practice remains safe, and promote continual learning and improvement. Robust governance arrangements could also reduce the risk of reoccurrence and ensure children's wellbeing and physical safety are protected. A robust framework for monitoring, evaluating and improving staff's capacity to apply TCI strategies effectively will support prevention, de-escalation, safe crisis management and post incident learning. An area for improvement was identified.

In summary, RQIA were concerned that staffing model was not misaligned with the home's registration and Statement of Purpose. The current substantive staff numbers did not support a responsive and dynamic approach to risk management. Proposed changes to the management arrangements also presented a further risk of destabilising the home and exacerbating existing deficits in skills, knowledge and experience in the staff team.

RQIA determined it was therefore proportionate to serve a Notice of Proposal with the intention of imposing a condition on the registration of this service to reduce the overall number of places

available. Reducing the maximum number of places in this service will support stabilisation of the home and provide necessary time and capacity for the provider to implement and embed the required improvements, and ensure proper provision for the care of children living in the home.

At the meeting on 22 January 2026, the provider committed to undertaking a rapid review of the service that would include defining the staffing model, establishing a recruitment plan, addressing staff induction, training and development needs and taking into account the financial viability of the home. This was identified as an area for improvement.

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

The home presented as a homely and comfortable space for children with areas personalised to children's specific like and interests. Discussions were ongoing with the multi-disciplinary team to introduce a sensory room. The aim of this action was to provide a therapeutic space where children could be supported to regulate, and reduce the impact of sensory or emotional distress. This work should be progressed without further delay as this space can be used as a part of a trauma informed, child centred approach to incident prevention and de-escalation. This space will also complement the use of sensory equipment already available to the children.

Fire records evidence fire safety checks were completed regularly and consistently. However, review of the Fire Risk Assessment demonstrated this was due to be reviewed in November 2025 and had not yet been completed. An area for improvement was identified. Assurance was provided post inspection that a fire safety inspection had subsequently been arranged.

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

Review of the supervision matrix provided assurance robust governance arrangements were in place to monitor and review compliance in line with the supervision model adopted by the home.

Complaints records were not held centrally in the home and were unavailable for review on the day of inspection. Discussions with the manager highlighted an awareness of complaints made. However, they did not have access to records to demonstrate the nature of the complaint, who made the complaint, if the complainant was satisfied, and if there was any learning that needed to be embedded into practice to prevent future reoccurrence. RQIA were therefore not assured robust arrangements were in place with respect to complaints management. An area for improvement was identified.

Review of rewards and consequences records confirmed clear records were maintained of measures taken by staff to promote and encourage positive behaviours responses by the children. Consequences were minimal, proportionate and there was clear oversight of staff practice by the manager in relation to rewards and sanctions.

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	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with manager 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:** 18 January 2026	The registered person shall ensure that; the home has a current fire risk assessment in place, actions arising as a result of the assessment are responded to, and the associated action plan is updated to evidence the actions taken. Ref: 5.2.3
	Response by registered person detailing the actions taken: Fire risk assessment was completed on 13th January 2026. A plan of remedial work is currently being drawn up and actioned. It is projected that all remedial work will be completed by the end of May 2026. The registered person will ensure that the annual fire risk assessment date is recorded and implemented on time moving forward.
Area for improvement 2 **Ref:** Regulation 11 **Stated:** First time **To be completed by:** 5 March 2026	The registered person shall ensure a rapid review of the service is undertaken. The outcome of the review and the resultant action plan must be submitted to RQIA. The review should; • Define the staffing model for the home, aligned to the aims and objectives of the service and Statement of Purpose. • Outline recruitment plans and associated timescales. • Address induction; training and team development requirements. • Take into account the future financial viability of the home.

	Ref: 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.**
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 1 **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure children's views, wishes and feelings are regularly and frequently sought by staff and given due weight in line with their age, ability and maturity when making decisions about their care and the running of the home. Ref: 5.2.1
	Response by registered person detailing the actions taken: Additional training though team meetings will help staff to be creative in seeking the views wishes and feelings about the care they receive in the home. The staffinging team will be supported by the registered manager, Deputy manager and Team Lead to recogonise and record the wishes, feelings and views of the young person in their daily logs and keywork sessions. In addtion to this the home will now hold monthly Young peoples Meetings which will inform the day to day running of the home. The records of these meetings will be held on file and can be reviewed as requested going forward. Monthly young people meetings will occour from Febuary 2026.
Area for improvement 2 **Ref:** Standard 21.9 **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall review the complaints policy and procedure for the home and ensure this is compliant with The Minimum Standards for Children's Homes (Department of Health) (2023). A Complaints Record Book must be securely maintained by the home and monitored on a monthly basis. A record must be kept of all communication with complainants, the results of investigations, action taken and the level of a complainant's satisfaction with the outcome. The Complaints Record Book must be available for inspection. Ref: 5.2.4

	Response by registered person detailing the actions taken: There is an eletronic Complaints Log held in the operations file which is only accessed by the CEO, Registred Manager and Deputy manager. The Log contains the date of complaint received, outline of complaint, status of complaint/ investegation , the outcome when complete and method of feedback along with the complainee's comments regarding the outcome of the complaint. All documents in relation to a complaint are also held on-line. Each complaint has a unique reference number to maintain confidentiality. The registered person will ensure all complaints are dealth with within policy timeframes.
Area for improvement 3 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure staff are equipped with the skills and training required to meet the needs of the children and in the practice model adopted by the home. A review of staff training needs must be undertaken and a training plan established. The training plan should take account of training in relation to Trauma Informed Practice and Adverse Childhood Experiences. Ref: 5.2.1
	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 4 **Ref:** Standard 16.4 **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure there is a robust framework in place for monitoring, evaluating and improving staff's capacity to apply Therapeutic Crisis Intervention (TCI) strategies that supports prevention, de-escalation, safe crisis management and post incident learning. This framework is supported by an associated policy and procedure. 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.**

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