The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050369

23 April 2026 and 11 May 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:

The children living in this home have been assessed as having physical and or intellectual needs/disability and in need of medium to long term care.

Children and young people will be referred to as young people throughout the remainder of this report.

2.0 Inspection summary

An unannounced inspection took place on 23 April 2026 between 9:15 a.m. and 5.30 p.m. The inspection was conducted by a care inspector. The inspection concluded on 11 May 2026 following submission of additional information to RQIA.

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.

Three areas for improvement identified during the last care inspection were reviewed and assessed as met in relation to management arrangements, fire safety and the environment. Good practice was evident in relation to communication, engagement and young person-centred care. There was evidence of meaningful activities both within the home and in the wider community aimed at supporting young people's social development, sensory needs, independence and wellbeing.

The management team demonstrated their commitment to driving improvement, enhancing the quality of staff support and continuing to develop an open and reflective culture. 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 inspection findings identified new areas for improvement in relation to Infection Prevention and Control (IPC), the Children's Guide, staff supervision, staff training, and Fire Safety.

RQIA invited the provider's representatives to an Enhanced Feedback Meeting on 2 June 2026 to discuss the concerns identified; and they provided an account of the actions they had taken and the further actions they had planned to address the concerns. RQIA were assured that the providers representatives were cited on the concerns identified and had the capacity to drive forward the necessary improvements required in this home. This will be discussed in greater detail in the main body of the report.

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 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, relatives/carers, and staff during the inspection. Feedback was also provided post inspection via questionnaires.

Young people who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings and engaged well with staff. Staff interactions with young people were observed to be warm, respectful and staff were attuned to the young people's needs. Communication approaches were aligned to young people's individual needs, ensuring information was accessible and supported understanding and participation.

Engagement with relatives/carers confirmed they were satisfied with the care provided by the staff team and they were kept informed regarding young people's care. Feedback also included they were made to feel welcome when visiting the home, and that they felt confident to raise any concerns they may have.

Feedback from staff provided mixed views. Staff reported feeling supported by the management team, they confirmed there were positive relationships within the staff team; and that the service was safe for young people. However, staff expressed dissatisfaction regarding the physical environment, infection control processes, and the effectiveness of young people's care. In addition, feedback from staff included views that improvements were required in relation to staff debriefing arrangements, leadership within the service, and how well staff were engaged in decision making processes.

Feedback was shared with the management team and was also discussed during the Enhanced Feedback meeting on the 2 June 2026. The provider was encouraged to use this information to inform future service improvement initiatives, identify learning opportunities and implement any necessary improvements within the home. Assurance was provided that the provider was committed to meaningful engagement with staff and recognised the importance of seeking, listening to, and acting upon their views.

The provider demonstrated a proactive approach to staff engagement by utilising a range of mechanisms to gather feedback, promote open communication, and ensure staff have opportunities to contribute to service development and improvement. This approach will support a positive workplace culture and enable staff perspectives to inform decision-making and enhance the quality of care provided.

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 03 July 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 7 **Stated:** First time	The responsible person shall ensure that a plan is submitted to RQIA, which describes the intended actions to appoint an individual to manage the children's home. This plan will also outline the timescales within which an application to register an individual as manager will be submitted to RQIA. Ref: 5.2.4.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	
Area for Improvement 2 **Ref:** Regulation 31 **Stated:** First Time	The responsible person shall ensure that adequate precautions are taken against the risk of fire and that fire safety risk management arrangements are responsive to emerging fire safety risks to ensure the safety of the premises. Ref: 5.2.3.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met. Fire safety is discussed further in section 5.2.3	
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 11 **Stated:** First Time	The responsible person shall ensure that young people live in a suitable physical environment, which is well maintained and nicely decorated. The action plan identified by the provider to address the environmental concerns should be subject to review; and any barriers to achieving improvements escalated to senior management for action as necessary. Ref: 5.2.3.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met and is discussed in further detail in section 5.2.3.	

5.2 Inspection findings

5.2.1 Are young people receiving care and support that promotes their wellbeing, supports positive outcomes, and ensures their safety?

Robust care planning is essential to ensure young people's individual needs, strengths and preferences are clearly identified and consistently met. Effective care plans provide staff with clear guidance to deliver safe, young person-centred care, help to promote consistency of staff practice, and support positive outcomes to be achieved.

Care plans sampled were completed to a good standard. Documentation was well organised, the information contained within the records was current, reflected the young persons assessed needs, and were outcomes focused. There was also evidence of ongoing monitoring, review, and oversight by the management team. Advice was provided to include the date and assessed level of the Recommendations for Eating, Drinking & Swallowing (REDS), as completed by the Speech and Language Therapist within Nursing Needs Care Plans. This will provide an additional layer of assurance and promote consistency across care records.

Further advice was also provided to clearly identify within the care plan where a young person is subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. This would support effective review and audit processes, and direct staff to the relevant Mental Capacity Act (MCA) Form 4 Care Plan. This would also provide staff with a comprehensive understanding of the young person's needs.

Daily logs demonstrated staff practice was aligned with care plans and risk assessments. Individualised risk assessments were detailed, easy to follow, and appropriately linked to restrictive practice management plans. These records demonstrated good managerial oversight and were completed to a good standard.

Young people's health and wellbeing needs were clearly documented. There was also evidence of strong multi-disciplinary team involvement and appropriate onward referral when required. This demonstrated a holistic and person-centred approach to care.

Good practice was evidenced in relation to communication approaches, engagement with young people and the delivery of young person-centred care. Staff demonstrated the use of communication approaches that were tailored to meet the individual needs of the young people. These included the use of Makaton, Positive Behaviour Support (PBS) guidance, social stories and visual supports, which were embedded in practice, promoted effective communication, enhanced understanding and encouraged meaningful participation in day to day activities and decision making.

Meaningful activities are essential in supporting young people to develop independence, build social relationships, enhance communication skills and promote emotional wellbeing and inclusion. Evidence was available young people had opportunity to engage in meaningful activities both within the home environment and in the wider community, supporting young people's social development, sensory needs, independence and overall wellbeing.

Staff were observed to advocate effectively on behalf of young people, ensuring that their views and wishes were considered.

Evidence of menu planning was also available demonstrating that young people's preferences, and nutritional needs had been considered in the provision of meals.

Whilst a guide was available to relatives and carers that aimed to support a young person's transition into the service, an Easy Read guide for young people was not in place. The absence of an accessible, easy read document did not fully support effective communication or promote young people's understanding of the service in line with Regulation 4 of The Children's Homes Regulations (Northern Ireland) 2005. It is important that young people are provided with information in a format that is appropriate to their level of understanding, both prior to admission and throughout their transition into the home. This would support informed participation, reduce anxiety associated with transition and help ensure young people understand what to expect from the home. An area for improvement was identified.

Evidence was not available to provide assurance there were sufficient numbers of trained staff available to meet the young people's needs. Review of the training matrix indicated low levels of compliance within areas of mandatory training in relation to Food Hygiene, Infection Prevention Control (IPC), COSHH, Fire Safety, Fire Warden and Safeguarding. It was also noted that the manager, agency staff, catering and ancillary staff training were not recorded on the centrally held training matrix. An area for improvement was identified.

This concern was discussed with the provider's representatives during the Enhanced Feedback meeting who confirmed there was a responsive plan in place to address the training deficits. In the interim, assurance was provided that staffing rotas were continuously reviewed to ensure safe staffing levels and an appropriate complement of suitably trained staff were on each shift.

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. The manager described the staffing levels which had been assessed as necessary to meet young people's needs. Sampling of the staff rotas evidenced staffing levels were consistent with the levels described; and the manager reported they were re reviewed on an ongoing basis to ensure they remained consistent with the needs of the young people.

There were a number of vacancies and absence within the staff team. This had resulted in a subsequent reliance on bank, agency and the management team to ensure safe staffing levels, and the required skill mix was maintained. Whilst this was a necessary measure, it was not a sustainable position. The inspection findings concluded that the provider was committed to recruiting to vacant posts and proactive steps had been taken to recruit permanent staff. Progress in this area will be reviewed during future inspection activity.

In the interim the provider had implemented a revised staff rota and additional measures had also been introduced to promote staff wellbeing, including the provision of a dedicated staff room, and regular opportunities for staff to take breaks during their shifts. Evidence demonstrated ongoing support from the Quality Improvement manager who provided objective oversight, independent review and support to the service.
This approach promoted a culture of openness and transparency, encouraging staff to raise concerns, share their experiences and contribute to service improvement.

Review of recruitment records identified the provider had implemented a new process to support safe recruitment for agency staff. Agency staff profiles reviewed during the inspection did not include a photograph of the staff member. Advice was provided to request that a photograph be included on all agency staff profiles in future, to enable the profile to be cross-referenced with the photographic identification presented on the staff members first day of duty, thus providing an additional layer of assurance regarding identity verification.

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. Advice was provided to update one of the records sampled to ensure a supervision agreement was in place in line with the Regional Supervision Policy; and to evidence that the induction had been completed.

Supervision and appraisal processes provide staff with opportunities for professional support, reflective practice, performance management and continuous learning. It also promotes accountability, supports staff well-being, and contributes to the delivery of high quality care for to young people. Whilst feedback from staff provided a view that supervision occurred regularly and was beneficial, a review of the supervision matrix identified that the frequency of supervision was not in line with regional policy. Additionally, appraisals for some staff were outstanding. An area for improvement was identified.

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

A tour of the premises confirmed the home was clean and fresh smelling throughout.

Due to the complex behaviours presented by young people, some areas presented as sparse in décor. However, works were ongoing since the last inspection to improve the physical environment. This included actions to promote a homely environment, whilst ensuring the assessed needs of the young people could be met effectively. Whilst the plan of works had not yet been completed in full, evidence was available to demonstrate that a robust action plan was in place supported by effective project management oversight. Project phases had been re-prioritised where necessary to ensure a timely response to the changing needs of young people.

One identified bedroom was in a state of significant disrepair as a result of episodes of distressed behaviour. However, it was confirmed that a bedroom and living area space, which had been adapted to meet assessed needs was available for use imminently. Assurance was provided post inspection that the identified bedroom was no longer in use.

Advice was provided to the management team to include regular updates on the progress of environmental improvement works within the monthly monitoring reports submitted to RQIA and to notify any undue delays to the programme of works.

Feedback from staff highlighted their concern regarding the environment which was described as clinical, in a poor state or repair and lacking a homely atmosphere. Concerns were also raised regarding infection prevention and control (IPC), maintaining cleanliness of the home and the increased cleaning responsibilities placed on the staff team.

Whilst appropriate personal protective equipment (PPE) was readily available to staff, IPC audits were not taking place, and review of the training matrix demonstrated that some staff members were completing tasks in the absence of having completed the necessary training. An area for improvement was identified.

This concern was also discussed with the provider's representatives during the Enhanced Feedback meeting who confirmed they had sought advice from IPC colleagues to aid their review of the current arrangements in place. Furthermore, a further senior manager from a nursing discipline had been appointed to support the delivery of effective leadership and to further strengthen governance oversight within the home.

Whilst the area for improvement identified during the last care inspection in relation to fire safety was assessed as met, evidence was not available to provide assurance that fire safety checks and scheduled fire drills had been carried out in line with requirements. The Fire Risk Assessment (FRA) was also not readily accessible to staff, and there was no evidence that the associated action plan had been implemented or progressed. Two areas for improvement were subsequently identified relating to Fire Safety.

These concerns were discussed with the provider's representatives during the Enhanced Feedback meeting on 2 June 2026. At this meeting, assurance was provided regarding the actions being taken by the local and senior management team to ensure robust arrangements are in place moving forward. This included improving recording arrangements, ensuring that all relevant documentation is maintained in the home and accessible to relevant staff, and embedding robust governance and oversight arrangements.

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

All staff are required to be registered with the Nursing & Midwifery Council (NMC), or the Northern Ireland Social Care Council (NISCC). Regular audits of professional registrations were completed and corrective action taken where required.

Team meetings are crucial for fostering a collaborative child centred approach. They provide opportunities for staff to address challenges, reflect on their practice and to develop consistent, approaches to care. Team meeting records sampled evidenced discussion of service issues and identified actions throughout the minutes. However, advice was provided to ensure agenda items from previous meetings are reviewed, and clearly identify action owners and agreed timescales for completion. This supports greater accountability and enables more effective monitoring of progress. The implementation of this advice will be reviewed during future inspection activity.

There was evidence proactive leadership and management arrangements were in place which aimed to improve team culture, staff morale and overall service delivery.

A range of initiatives had been implemented to support staff engagement and wellbeing, including team development days, flexible team meetings, reflective forums supported by psychology services, and the introduction of a staff forum to encourage open communication and staff participation.

Governance arrangements had also been strengthened to ensure that the senior management team were kept informed regarding the outcomes of staff consultation. The management team described there were early indicators these measures were having a positive impact on staff morale, staff engagement and the overall culture within the staff team.

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) (Delete what is not required)**

	Regulations	Standards
Total number of Areas for Improvement	3	2

* the total number of areas for improvement includes one that has been stated for a second time and carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the provider's representatives 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 4 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure a Young People's guide is produced in a form appropriate to the age, understanding and communication needs of the young people children accommodated in the home. Ref: 5.2.1
	Response by registered person detailing the actions taken: Initial discussions have taken place with managers and team leaders, and work has commenced on the development of a new Young Person's Guide for the unit. The guide will be designed using clear, accessible language and visual aids to support understanding and meet the individual communication needs of the young people. The development of the guide is being supported by the Trust Governance Department, with completion anticipated by the end of September 2026. Once finalised, the guide will be available to all young people currently residing in the home, as well as future admissions, with support from their keyworkers to ensure understanding and engagement.

	Input from the units therapeutic team will form a key part of the guide's development, particularly from the Speech and Language Therapist, to ensure that the information is presented in a manner that is accessible, meaningful, and responsive to the communication needs of the young people.
Area for improvement 2 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 31 August 2026	The registered person should ensure that the Fire Risk Assessment is accessible to staff as appropriate and available for inspection. Any actions identified within the associated action plan must be competed and records maintained to evidence their completion. Ref: 5.2.3
	Response by registered person detailing the actions taken: The fire safety file is securely stored in the administration office in an unlocked cabinet to ensure it remains readily accessible to all staff. A new Fire Risk Assessment commenced on 10 September 2026, with a comprehensive inspection of the home undertaken by the Trust's Fire Prevention Officer from the Fire Safety Department. The assessment report is currently being finalised. Upon receipt of the completed Fire Risk Assessment, any recommendations, repairs, improvements, or additional control measures identified will be actioned immediately by the Registered Person in collaboration with staff members and Estates colleagues. All actions arising from the assessment will be documented within the Fire Risk Assessment and recorded in the fire safety file to ensure effective monitoring, oversight, and evidence of compliance. This process will support the timely completion of any outstanding works and provide assurance that fire safety arrangements within the home continue to be reviewed and maintained to the highest possible standard.
Area for improvement 3 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 31 August 2026	The registered person should ensure that fire safety checks are undertaken and recorded in line with the provider’s policy and procedure. Ref: 5.2.3
	Response by registered person detailing the actions taken: Following the RQIA inspection, and in response to the findings identified, arrangements have been strengthened to ensure that fire safety checks are completed consistently and in line with Trust requirements. The Registered Person has designated a key member of staff to take responsibility for

	undertaking the weekly fire safety checks, with ongoing oversight and monitoring provided by the Registered Person. The designated staff member completes the checks on the same day each week using the approved Trust documentation. Completed records are submitted promptly and retained within the fire safety file to provide clear evidence of compliance and ensure an accurate audit trail. This approach has resulted in a significant improvement in the consistency, recording, and oversight of fire safety checks within the home. A full fire evacuation drill is scheduled for 15 September 2026. In recognition of the complex sensory, behavioural, and safety needs of the children residing in the unit, the drill will be conducted while the children are attending school. This will provide staff with the opportunity to rehearse and validate emergency evacuation procedures in a safe and controlled environment. Following the drill, a debrief will be undertaken to identify any learning, areas for improvement, or additional training requirements.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure a responsive training plan is in place to ensure staff training is aligned to the home's statement of purpose, and the assessed needs of the young people. The training plan should take into account all necessary training, including Food Hygiene, Fire Safety, Designated Fire Officer, Safeguarding, IPC, and COSHH. The training plan should be available for inspection. The training matrix should also be reviewed and amended to reflect all staff, including ancillary, clerical and agency staff where relevant. Ref: 5.2.1
	Response by registered person detailing the actions taken: Achieving full compliance with mandatory training has presented ongoing challenges within the unit due to the complex needs of the children and young people, all of whom require 2:1 staffing support. This has been further compounded by periods of high staff sickness absence and ongoing staffing pressures, making it difficult to release staff for training while maintaining safe staffing levels and ensuring that the needs of the children continue to be met. In response to these challenges, a series of management meetings and staff discussions have been held to review current training compliance levels, identify specific training

	deficits, and agree actions to address outstanding requirements. Training compliance has been a standing agenda item within team meetings and management oversight arrangementsand staff have been consistently reminded of their responsibility to complete mandatory training through email communication, direct discussions with managers, supervision sessions, and team meetings. To further strengthen oversight and monitoring arrangements, the unit has introduced a revised training matrix that will provide an accurate and up-to-date record of staff compliance. A designated member of staff has been assigned responsibility for maintaining and updating the matrix to ensure that training records remain current and that any deficits are identified promptly. An action plan has been developed to address identified training gaps and improve overall compliance. The training matrix will be used to track compliance, highlight overdue training, and support targeted interventions where required. The transition of one young person to adult services in September 2026 has created additional staffing capacity within the home. This will provide greater flexibility to release staff for training without impacting on the safe staffing arrangements required for the remaining children and young people.
Area for improvement 2 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall review arrangements in relation to maintaining hygiene within the home; to ensure that unnecessary risks to the health or safety of children accommodated in the home or staff working there are identified and so far as possible eliminated. Ref: 5.2.3
	Response by registered person detailing the actions taken: Management consulted with the Trust's Infection Prevention and Control (IPC) Department to seek specialist guidance and support in relation to infection prevention and control practices within the unit. IPC colleagues completed a planned routine inspection of the service on 15 July 2026, providing an independent assessment of current standards and identifying areas requiring improvement. The inspection resulted in a number of recommendations relating to environmental cleanliness, storage arrangements, clutter management, refurbishment requirements, staff shower facilities, and staff training. Following receipt of the report, management met with IPC colleagues to review the findings in detail, identify priority areas for improvement, and agree a structured action plan. The action plan outlines the required actions, responsible persons, and target completion dates for each recommendation. Progress against the action plan is being

	monitored through regular management meetings and governance oversight arrangements, ensuring that actions are completed within agreed timescales and that any barriers to implementation are identified and addressed promptly. Progress against the action plan will remain under ongoing review until all recommendations have been fully implemented to ensure a safe, clean, and well-maintained environment for children, young people, staff, and visitors.

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