The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050370

22 April 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Service Type: Children's Home **Provider Type:** Health and Social Care Trust **Located within:** South Eastern Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children and young people living in this home have had adverse childhood experiences which has resulted in them requiring residential care. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 22 April 2026 between 09:00 a.m. and 5:00 p.m. The inspection was conducted by a care inspector. The inspection was concluded on 1 May 2026 following submission of additional information post inspection.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified in relation to; availability of records for inspection; governance arrangements with respect to staff training; team meeting minutes; complaints records; and timely notification of events to RQIA.

The inspection findings raised concern regarding the effectiveness of governance and quality assurance mechanisms. RQIA therefore invited the provider's senior representatives to an Enhanced Feedback meeting (EFM) on 27 May 2026 to address the concerns identified. At this meeting, the provider's representatives provided an account of the actions they had taken post inspection and the further actions planned to drive the necessary improvements within this service.

RQIA were assured that the senior management team were cited on the concerns identified and had a robust plan in place to affect the necessary change. RQIA will monitor progress through

Regulation 32 reports submitted to RQIA regarding the conduct of the home and as part of future inspection activity.

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 person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff. Feedback from young people confirmed they were supported to engage in meetings about their own care. They also reported they had good relationships with staff.

Feedback from staff provided a positive view regarding support available from the management team and highlighted they were a supportive staff team who promoted effective communication and a trauma informed approach to care.

Feedback from staff raised concern regarding current staffing pressures and the potential associated impact this may have on the staff teams capacity to meet the young people's needs and promote their safety and wellbeing. Sampling of the rota, discussion with the person in charge and a senior manager post inspection, confirmed there was short term absence in the team as a result of sick leave. Assurance was provided that staffing arrangements were responsive to the young people's needs, assessed risks and were regularly reviewed.

No feedback was received by RQIA via questionnaires or electronic survey post inspection.

5.0 The inspection

5.2 Inspection findings

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

Effective team working and communication are essential in ensuring that young people receive the right care at the right time. This approach supports coordinated decision making, consistent practice, and timely responses to young people's needs. Discussion with the staff team and the records reviewed evidenced there was robust communication mechanisms in place. Daily handovers provided the staff team with clear guidance and aimed to ensure that the care provided to the young people was consistent and coordinated, with consideration given to proportionate risk management and behaviour support strategies.

Discussions with the staff team highlighted the use of regular team huddles to promote decision making, effective communication and consistent care for young people. Feedback from staff confirmed huddles supported the team to agree a coordinated response to emerging or increasing risks. Advice was given to the management team to implement a recording template to evidence arrangements for day to day decision making. This approach will support reviewing the effectiveness of this process and ensure staff practice remains aligned to young people's needs and identified risks. Progress in this area will be reviewed during future inspections.

Young people were supported and encouraged to develop age-appropriate behaviours, have appropriate experiences in line with their age and stage of development, and build trusting relationships with staff. The home adopted a proportionate approach to risk with the use of safe care plans, developed in collaboration with young people, which promoted independence and supported them to make safer decisions.

Individual Crisis Support Plans (ICSP's) and risk assessments were available to guide and direct staff on how best to support young people at times of crisis. The plans reviewed were individualised, provided clear guidance, and specified pre agreed strategies, including permissible holds, to reduce harm to themselves and others. These plans enabled staff to proactively support young people and ensure that the responses to the young people were consistent.

The home adopted a proportionate, consistent approach in managing behaviour which is explained to and understood by all young people. Evidence was also available that restrictive practices were proportionate and subject to review. Staff advised there was engagement with relatives/carers and multidisciplinary teams to support and inform decision making; however this engagement was not reflected in the records. Advice was given to ensure that this consultation is documented accordingly moving forward.

Records confirmed that staff proactively sought young people's views through the forum of regular young people's meetings. Young people were encouraged to share their concerns, inform menu planning and discuss activities for example. The records summarised the actions required and outcomes were shared with the young people. This approach demonstrated to

young people that their views, wishes and feelings were valued, listened to and acted upon, and that they could influence decisions affecting their daily lives.

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

Discussions with the staff team raised concerns regarding staffing pressures, and the potential impact this may have on their capacity to meet young people's needs and promote their safety and wellbeing. Sampling of the rota, discussion with the person in charge and a senior manager post inspection, confirmed there was short term absence in the team as a result of sick leave. Assurance was provided that staff had since returned to work, staffing levels remained subject to regular review, and they were responsive to the assessed needs of the young people.

Training records were not up to date, did not accurately reflect the current staff team, and evidenced deficits in training relating to safeguarding and therapeutic crisis intervention (TCI). The training plan in place did not provide assurance that these deficits would be addressed in a timely manner. An area for improvement was identified with respect to training records.

Staff had a good understanding of their roles and responsibilities and they confirmed they had access to support from the management team through formal and informal supervision. Records were not available for review however to provide assurance that supervision was taking place at the required frequency. Similarly, whilst staff confirmed team meetings occurred regularly, only one record was available to confirm a staff meeting had taken place since December 2025. Areas for improvement were therefore identified with respect to staff supervision and team meeting minutes.

These concerns and the subsequent areas for improvement were discussed with the provider's representatives during the meeting on 27 May 2026. They outlined the actions they had taken post inspection to address these concerns and described the plans in place to strengthen governance processes, monitor progress in these key areas and ensure sustained improvement. These actions included establishing weekly governance meetings to focus on key areas to include staff training, induction and supervision. The senior management team provided an update with respect to training and also confirmed that rota planning was informed by staffs training compliance.

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 and the Fire Risk Assessment was last reviewed in November 2025. There was evidence that staff and resident young people participated in fire evacuation drills, with a record maintained of the date and time of each drill. There was good compliance with fire warden training within the staff team. Fire safety training had sufficient compliance, however this should be reviewed in a timely manner to ensure continued compliance.

The home presented as clean, tidy and well maintained. There were a number of communal areas which young people could use, both downstairs and upstairs. Staff utilised these spaces to appropriately supervise and be available for young people if required. Young people were observed to openly approach staff and spend time with them.

The young people had access to a dedicated kitchen. At times, young people's use was appropriately managed by staff when it was assessed there was a risk or negative impact on young people's health and wellbeing. Restrictive practice records were available to evidence that the use of the kitchen at night time was under review to maintain healthy sleep routines. Feedback was provided to ensure that reviews are completed at regular intervals and that all reviews are documented.

Staff reported that young people were supported and facilitated to maintain contact with their relatives, carers and other significant people in their lives. They were further encouraged and enabled to make and sustain friendships with young people outside of the home. These relationships were supported with the availability of a dedicated space within the home for visits to take place when appropriate.

Arrangements were in place to promote the health and safety of young people, staff and visitors. This was evidenced in risk assessment with findings recorded and actions identified to manage risks. Advice was given to ensure that these risk assessments evidenced review by the management team. Progress in this area will be reviewed during future inspection activity.

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

Systems in place to monitor, audit and review the quality of care within the home were not sufficient. Managerial oversight was not consistent in relation to care documentation, medication and complaints records for example.

Staff had received training on complaints procedures and young people were encouraged to raise concerns in regular young people's meetings, with records showing actions and outcomes. However, complaints records were not up to date or regularly monitored. An area for improvement was identified.

Records in relation to staff recruitment and induction were not available to the person in charge on the day of inspection; and evidence requested post inspection in this regard was not submitted to RQIA. The Minimum Standards for Children's Homes (Department of Health) 2023 requires that records are up-to-date, accurate and available for inspection.

Effective arrangements were also not in place to ensure that incidents were notified to RQIA in a timely manner. The Children's Homes Regulations (Northern Ireland) 2005 require that the registered person shall, without delay, notify RQIA of particular events as detailed in the regulations. An area for improvement was identified.

RQIA were concerned the inspection findings and the resultant Quality Improvement Plan (QIP) highlighted weaknesses in quality assurance and governance arrangements within the home. Strengthening these mechanisms was identified as essential to support the management team

to drive improvement and support the staff team to maintain positive outcomes for the young people.

During the meeting on 27 May 2026, the provider's representatives described the measures taken since the inspection and the further actions planned to improve governance and quality assurance arrangements. As noted in section 5.2.1 assurance was provided that the senior management team were cited on the concerns raised by RQIA and they had established a weekly governance meeting. This meeting aimed to monitor the actions being taken to embed robust governance, oversight and accountability mechanisms, and ensure timely action and escalation in the event improvement was not made or sustained.

Progress in relation to the provider's actions will be monitored through monthly monitoring reports and 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	4

Areas for improvement and details of the Quality Improvement Plan were discussed with the Manager and 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 29 **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure the timely notification of any of the events listed in The Children's Homes regulations (Northern Ireland) 2005 column 1 of the table in Schedule 5. The registered manager shall without delay notify the persons indicated in respect of the event in column 2 of the table. Ref: 5.2.4
	Response by registered person detailing the actions taken: • The Registered Manager and Deputy Manager have reviewed incidents prior to the inspection to ensure notifications have been completed. The Registered Manager

	and Deputy Manager will ensure the timely notification of incidents via the RQIA portal. • The registered manager alongside the Principal Social Worker has reviewed Children's Homes Regulations (2005) alongside the RQIA Statutory Notification of Incidents and Deaths Guidance for Registered Providers and Managers of Regulated Services" (2023). • The Registered Manager will review incident reports daily screening these to ensure that notifiable events are reported in a timely manner. • The Principal Social Worker, Registered Manager and Deputy Manager will maintain oversight of this area of improvement through weekly review meetings. Progress against this area of improvement will be maintained with RQIA through Regulation 32 reports.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure records are up-to-date, accurate and available for inspection. Ref: 5.2.4
	Response by registered person detailing the actions taken: • The Registered Manager has developed a centralised electronic filing structure to ensure records are up-to-date, accurate and available for inspection. • The Registered Manager, Deputy Manager and Principal Social Worker have developed an action plan based on the enhanced feedback and inspection report to ensure that records are up to date, accurate and available for inspection. • The Registered Manager and senior team have instigated an enhanced audit schedule for the home. This will be supported by the Governance & Improvement Team to ensure the maintenance of records. • The Principal Social Worker, Registered Manager and Deputy Manager will maintain oversight of this area of improvement through weekly review meetings. Progress against this area of improvement will be maintained with RQIA through Regulation 32 reports.
Area for improvement 2 **Ref:** Standard 17 **Stated:** First time **To be completed by:**	The registered person shall ensure that records of team meetings are maintained consistently, with clear evidence of discussions, decisions, and actions taken, to support effective communication and operational oversight. Ref: 5.2.2

30 June 2026	**Response by registered person detailing the actions taken:** • The Registered Manager has reviewed the system for team meetings. The Registered Manager has ensured that a standard team meeting template is consistently utilized to ensure that clear evidence of discussions, decisions and actions taken. • The Registered Manager will ensure records are completed in a timely manner and shared to support effective communication and operational oversight. • The Principal Social Worker, Registered Manager and Deputy Manager will maintain oversight of this area of improvement through weekly review meetings. Progress against this area of improvement will be maintained with RQIA through Regulation 32 reports.
Area for improvement 3 **Ref:** Standard 21 **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure that complaints records are maintained in line with the provider's policy and procedure, and are reviewed on a monthly basis. Ref: 5.2.4
	Response by registered person detailing the actions taken: • The Registered Manager and Principal Social Worker have ensured outstanding complaints recordings have been reviewed and concluded in line with policy and procedure. • The Registered Manager has developed a centralised electronic filing system for complaints to ensure routine oversight. • The Registered Manager and senior team have instigated an enhanced audit schedule for the home. This will be supported by the Governance & Improvement Team to ensure the maintenance of complaint records. • The Registered Manager/ Deputy Team Leader will undertake complaints training provided by the complaints department. • The Principal Social Worker, Registered Manager and Deputy Manager will maintain oversight of this area of improvement through weekly review meetings. Progress against this area of improvement will be maintained with RQIA through Regulation 32 reports.
Area for improvement 4 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure that governance arrangements with respect to staff training are reviewed and improved. Accurate, up to date records must be maintained and training plans in place should be responsive to the young people's needs. Ref: 5.2.2

	Response by registered person detailing the actions taken: • The Registered Manager will ensure that up to date records for training are well maintained through the training matrix recording tool. • The Registered Manager and Deputy Manager will undertake a training needs analysis and develop a training plan for the home. • The Principal Social Worker, Registered Manager and Deputy Manager will maintain oversight of this area of improvement through weekly review meetings. Progress against this area of improvement will be maintained with RQIA through Regulation 32 reports.

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