The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN049253

10 February 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:** Not registered
Brief description of how the service operates: The children living in this home have been assessed as having physical and or intellectual needs/disabilities and in need of short breaks in residential care. The home is not currently providing short breaks. RQIA approved a change to the home's registration, consequently there is a condition on the registration to provide medium term care instead, and this condition was still in place when the inspection took place. 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 10 February 2026 from 9.20am to 5.45pm. A care inspector conducted the inspection. On the same day a Patient Inquiry was undertaken, under the provisions of Article 86 (2) Mental Health (NI) Order 1986 (MHO), by a senior inspector from RQIA's Mental Health and Learning Disability Team. A separate report will be issued to the provider detailing the findings from the Inquiry.

A care inspection of the home was undertaken in response to intelligence received by RQIA, which raised concerns regarding safeguarding, care practices and staffing arrangements.

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

Four of the six areas for improvement from the previous inspection were met. These related to incident notification processes, notification of manager absence, young peoples' guide and care planning, and restrictive practices. However, further improvement is required in relation to the recording of restrictive practices and governance arrangements. Two areas for improvement, in respect of young peoples' transitions and staffing were not met, they are stated for a second time. RQIA also invited the provider to attend an Enforcement meeting on 26 March 2026 relating to RQIA's intention to issue two Failure to Comply (FTC) Notices, one in relation to

staffing. RQIA met with the provider to outline serious concerns and risks related to the staffing deficits, the outcome of the meeting is summarised below.

There was detailed care plans in place to inform young people's day to day care. A review of documentation, discussions with the person in charge, and observations during the inspection identified concerns regarding the leadership team's capacity to implement effective governance arrangements and ensure consistent, coordinated care. Staff practices and shift handovers were inconsistent, and there was limited evidence that those undertaking shift coordinator roles had been formally assessed as competent. This is particularly concerning given the complexity of the young people's needs.

Leadership capacity was reduced because key management, nursing, and social work roles were either vacant or staff were absent. This reduced the management team's capacity to effectively monitor, support, and led a workforce, due to the reliance upon temporary staff.

There was also insufficient evidence to provide assurance that staff had received a comprehensive induction to the home, or that they had received the training and support necessary to develop the competence, experience, knowledge and skills required to meet young people's individual needs.

In light of the potential impact of these concerns on the quality of care provided to young people in the home, RQIA initiated enforcement action following the inspection. Enforcement action is taken to ensure compliance with regulations and minimum standards; to effect improvements; and to safeguard children and young people.

Details of RQIA's enforcement procedures can be found on our web site: Enforcement Activity | Regulation and Quality Improvement Authority

RQIA met with the provider representatives on 26 March 2026, with the intention of serving two FTC Notices in respect of The Children's Homes Regulations (Northern Ireland) 2005, Regulation 9 (1) Registered person – general requirements and Regulation 24(1)(2) Staffing of Children's Homes.

At this meeting, provider representatives provided a comprehensive overview of the provider's action plan. RQIA were assured that the action plan sought to strengthen strategic oversight of the home and embed robust governance, audit and assurance mechanisms, which will lead to the delivery of safe, effective, and consistently coordinated care.

The action plan outlined the steps that will be taken by the provider to improve the staffing model, staff training and support, communication and recording systems, and incident management processes. In addition, it was confirmed the provider will review and improve the home environment, to ensure young people's needs can be met.

During this meeting, the provider representatives agreed to update the provider action plan to include actions relating to strengthening staff capability and confidence, improving the interim leadership arrangements in the home and the timeline for the recruitment of the Registered Manager. The provider also agreed to monitor the effectiveness of the organisation's action plan and to report within the monthly monitoring reports on the conduct of the home, submitted to RQIA in accordance with Regulation 32(5) (a) of The Children's Homes Regulations (Northern Ireland) 2005, on any actions required to address barriers to achieving the expected improvements.

Having considered the provider action plan and the actions implemented since the inspection on 10 February 2026, RQIA determined that it is not necessary not to issue two FTC Notices in respect of the above regulations. Notwithstanding this decision, significant concern remained regarding governance therefore an area for improvement is made which incorporates concerns relating to staff induction; training; competency assessments; staff wellbeing; leadership and governance arrangements; the homes environment and effective oversight and assurance of practice. A second new area for improvement is made in relation to restrictive practices.

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 includes questionnaires and an electronic survey.

Findings from the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service?

Discussions with staff and observations of practice indicated a staff team committed to delivering safe, effective, and compassionate care aligned with young people's assessed needs. Staff demonstrated a positive regard for young people and a clear commitment to providing strength-based and trauma-informed care.

Staff consistently raised current challenges within the home, including meeting young people's care and safety needs, staffing gaps, and staff morale, during the inspection. While some staff reported positive support from senior management, others stated that senior leaders did not fully understand or adequately value staff perspectives regarding the challenges they were experiencing.

Staff feedback in respect of the effectiveness of the systems in place to support them to provide safe and effective care, on a day to day basis, was mixed. Positive feedback from some staff highlighted recent changes within the home, including increased staffing levels and improved

handovers and communication procedures were effectively supporting them to deliver safe and effective care. However, other staff stated that handovers and communication were not sufficiently robust or detailed and raised concerns about the home's capacity to meet the young people's needs and keep them safe.

Discussion with the person in charge confirmed that they were cited on the challenges within the home and that they were engaging with the senior management team and other professionals on a regular basis to address these and to support staff.

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 16 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 11 **Stated:** First time	The registered person shall ensure that care planning and restrictive practices are reviewed, to ensure that care delivery is safe, effective and compassionate.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 29 **Stated:** First time	The registered person shall ensure that robust governance arrangements are in place to ensure timely incident reporting and submission of statutory notifications to RQIA.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 24 **Stated:** First time	The registered person shall ensure that there are sufficient numbers of staff with appropriate skills and experience to meet the assessed needs of the young people.	**Not met**

	Action taken as confirmed during the inspection: This area for improvement was not met. There were a high level of staff absences and vacancies across the team resulting in an over-reliance on bank and agency staff. Assurances were given by the provider during a FTC meeting on 26 March 2026 that a plan was in place to create stable staffing arrangements within the home. There was also a plan to review the overall staffing model. See section 2.0 and 5.2.1	
Area for improvement 4 **Ref:** Regulation 36 **Stated:** First time	The registered person must ensure that a notification of manager absence is submitted to RQIA.	**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 14 **Stated:** First time	The registered person shall ensure that pathways plans are developed to identify, prepare and support young people`s transition into adult care placements.	**Not met**
	Action taken as confirmed during the inspection: Evidence was requested but not provided during inspection in respect of this area for improvement. As such this area for improvement was not met and will be stated for a second time. See section 5.2.1	
Area for improvement 2 **Ref:** Standard 15.4 **Stated:** First time	The registered person to ensure the young people's guide is updated. The information provided must include the management arrangements within the home, the advocacy and mentoring arrangements and procedures for dealing with missing young people.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

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

Discussion with the person in charge and a review of the staff rota identified significant deficits in the staffing arrangements due to staff absences and vacancies across the team. There was reliance upon bank, agency and staff from other homes to cover rota gaps and maintain safe staffing levels. This approach was unsustainable and did not provide assurance that the home could deliver consistent and effective care to young people. RQIA were concerned the situation could deteriorate further as temporary staff moved to their substantive posts within other services.

The review of staff training raised concerns about the effectiveness of governance arrangements in place to ensure staff compliance with training. Additionally, there were gaps in respect of mandatory training and training specific to the needs of young people, which risked care being unsafe and/or compromised.

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 supports new staff to integrate into their role, as well as supporting staff to deliver consistent care and daily practices within the home. A review of induction records did not provide assurance that staff had received a comprehensive induction to the home.

Further concerns were identified relating to receiving a robust induction prior to staff leading shifts and had they been assessed as competent. This is a significant concern given the staffing challenges and the complex needs of young people.

Gaps in both training and induction raised concerns as to whether staff had the necessary training and support to meet young people's individual needs safely and effectively. RQIA met with provider representatives on 26 March 2026, in relation to our intention to issue a FTC Notice, which referenced the staffing concerns outlined above. RQIA were assured by the provider's action plan presented at the meeting, which outlined the actions already taken and planned to address these deficits and concerns. Consequently, one area for improvement relating to the home having sufficient numbers of staff with appropriate skills and experience to meet the assessed needs of the young people is stated for a second time. One new area for improvement is made regarding governance, to support the provider to track the progress of their action plan in relation to staff induction, training and assessments of staff undertaking specified additional responsibilities.

The care documentation sampled provided evidence of personalised and detailed information available for staff with regards to each child's specific needs, strengths and preferences. A sample of care records and minutes from multi-disciplinary meetings evidenced that ongoing and regular multidisciplinary meetings were taking place to review and respond to young people's care and behavioural needs. These meetings sought to support staff to deliver coordinated, holistic care in a timely and seamless manner. Feedback was provided to the provider to improve the timeliness of the multi-disciplinary team's decisions and dissemination of changes, to ensure staff are fully supported to provide the right care at the right time.

Effective written and verbal communication across and between teams is essential for safe care delivery and robust risk management, supporting both day-to-day care and longer-term planning for young people. In this context, significant concerns were identified regarding the effectiveness of day-to-day communication within an already unstable staffing team, and the resulting impact on the quality and consistency of care. These issues also raised concerns about the robustness of leadership and governance arrangements in place to provide effective oversight and assurance of practice. This matter is integrated into the new area for improvement relating to governance, which is referenced above.

Young people living in Children's Homes benefit from well-managed individualised pathways and transitions. The person in charge advised that processes were in place to support young people's transition however, evidence was not in place to support this. The area for improvement relating to improvement of pathway plans to support young people`s transition into adult care placements is identified as not met and therefore is stated for a second time.

5.2.2 How does the home ensure young people experience a safe and high quality environment?

Children's homes should support children to develop the skills they need to thrive and succeed as they mature and approach adulthood. Actions that restrict children should have clear justification based on a robust assessment of risk; with clear evidence that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and is agreed with the multi-disciplinary team, in consultation with the child and relevant others. A robust review mechanism is also required, which considers the effectiveness and impact of the restrictive practice. A sample of incident records highlighted that restrictive practices were being implemented that were not reflective of young people's care or support plans and were not included in restrictive practice documentation or in the sampled MDT minutes. Such practices were not consistent with a rights-based approach to care delivery. An area for improvement is made in this regard.

The home environment was welcoming, with personal and communal space for the young people, however concerns that the environment was not catering to the young people sensory needs were identified. Provider representatives agreed as part of the action plan to review the environment and make improvements to ensure the environment is responsive to young people's physical, emotional, behavioural and sensory needs. This matter was integrated into the new area for improvement relating to governance, which is referenced in section 5.2.1 of this report.

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

A review of staff supervision records and discussion with staff confirmed that staff had access to regular supervision and informal support from the management team within the home as needed.

This inspection of management and governance arrangements identified significant concerns in respect of the leadership team's capacity to maintain effective governance arrangements that support consistent, coordinated care. Gaps identified across key care and governance areas, related to staffing arrangements; including staff induction, training and competency assessments, enhanced support for staff in relation to their wellbeing, effective communication from staff in leadership roles to day to day communication systems and incident management. .

RQIA provided detailed feedback to the person in charge and provider relating to improvements required in relation these areas to assure the delivery of safe, effective and compassionate care. A clear plan to restore psychological safety and secure greater permanence within the staff team is also essential to achieving stability, predictability, and security for the young people.

RQIA discussed the findings in relation to management and governance deficits outlined above with the provider during the meeting with the provider on 26 March 2026 in relation to the intention to issue two FTC Notices. RQIA were assured by the actions already taken and planned, to address concerns and strengthen governance arrangements within the home. An area for improvement relating to governance is referenced within section 5.2.1 of this report and incorporates the matters identified within this section of the report.

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	3*	1*

* the total number of areas for improvement includes two that have been stated for a second time

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 24 **Stated:** Second time **To be completed by:** 31 May 2026	The registered person shall ensure that there are sufficient numbers of staff with appropriate skills and experience to meet the assessed needs of the young people. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has reviewed the roster in line with the MDT assessed needs of the service at this juncture and has ensured that the home is deploying suffient numbers of staff who are appropriately skilled and experienced to meet the needs of Children and Young People. This will be kept under continual review to ensure that the home is compliant with this regulation.
Area for improvement 2 **Ref: Regulation 9(1)** **Stated: First time** **To be completed by:** **31 May 2026**	The registered persons shall ensure effective arrangements are in place to monitor, audit and review the provider's action plan submitted to RQIA on 25 March 2026, relating to this inspection, by staff working in the home and leaders. The monitoring and review of the action plan should provide assurance the plan is actively informing the standard and effectiveness of the plan and actions relating to: • Staff induction • Training • Competency assessments • Staff wellbeing • The robustness of leadership and governance arrangements • The homes environment in place • Effective oversight and assurance of practice. If any deficits relating to implementation or progress are noted, evidence of the next steps to overcome these should be integrated into the action plan. Ref 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager alongiside the Head of Service has been competing a review of the areas identified for improvement alongside the action plan with ongoing robust

	actions in place to assure that the objectives in the plan are met and sustained. This will continue to be reviewed via MMR and other internal review meetings. Any implimentation deficits will be reviewed and appropriate actions agreed and integrated into the plan to ensure that this area of improvement is met.
Area for improvement 3 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 31 May 2026	The registered persons shall ensure that restrictive practices, which are planned to be used or are being used by staff are reviewed without delay to ensure: • Restrictive practices are clearly documented and the documentation is accessible for staff • Restrictive practices used by staff are consistent with and reflective of young people's care or support plans • Staff use of restrictive practices in this home is consistent with a rights based approach to care delivery • The Multi-disciplinary Team reviews restrictive practices and the minutes of the review reflects the discussion and decisions made. Ref: 5.2.2
	Response by registered person detailing the actions taken: Restrictive Practices are clearly recorded in Care plans and maintained in young peoples records. These are available for all staff working in the home and are discussed at team meetings, reviewed at MDT meetings and LAC reviews. Records of these reviews will be maintained in the records related to each forum and a record of the agreement and subsequent review will be maintained in Care Plans which are dated, this includes a record of who was involved in the decision making and when the next review is due. Restrictive Practices are agreed at MDT level and reviewed again by an MDT forum. Restrictive Practices will always be agreed in the best interest of children and young peoples assessed needs and in line with their care or support plans. Restrictive Practices will always be considered in the context of children and young peoples rights.

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 14 **Stated:** Second time	The registered person shall ensure that pathways plans are developed to identify, prepare and support young people`s transition into adult care placements. Ref: 5.2.1

To be completed by: 31 May 2026	**Response by registered person detailing the actions taken:** Young people are placed on the Community Integration list from age 14 years and will be reviewed on an on-going basis by both Adult and Childrens Community Teams in relation to transitions planning. Records in relation to pathway planning will be maintained in young peoples records. Young people will also be referred for Essential Lifeskills assessment. The Trust will actively pursue suitable needs led transition placements for young people to provide an appropriate needs assessed pathway towards and into adulthood. The respective Assistant Directors in both Chidrens Residential Services and Adults Disabilty Service have met to explore the transition process and areas that may create delay in young peoples and families experience and journey into adult services. They have agreed to explore an escalation pathway to AD level in order to address any systemic areas of concern within the transition pathway process.

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