The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050377

18 June 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:

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 been assessed as having intellectual needs/ disability and in need of short breaks in residential care. A condition was applied to the registration of the home on 8 August 2024, which limited the operation of the service. A variation was submitted to RQIA on 8 May 2026 to further alter the operation of the home.

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 18 June 2026 between 9.15 a.m. and 5.15 p.m. The inspection was conducted by a care inspector.

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.

Seven areas for improvement from the last care inspection were assessed as met, whilst three areas for improvement in relation to staff induction, shift co-coordinator assessments and staff training will be cited for a second time.

In addition seven new areas for improvement were identified relating to complaints processes, staff supervision, young people's risk assessments, RQIA notifiable incidents, RQIA manager's application, safe recruitment and NISCC oversight.

Evidence was available of detailed care plans to inform young people's care during their stay. A review of documentation, discussions with the person in charge, and observations during the inspection identified concerns regarding the capacity to implement effective governance arrangements and ensure consistent, coordinated care.

These findings raised concern that the governance arrangements were not sufficiently robust to identify and address issues and concerns in a timely manner. Leadership capacity was reduced because key management and social work roles remain vacant which has reduced the manager's capacity to ensure effective governance arrangements are in place within the home. There was insufficient evidence to provide assurance that staff were receiving regular formal supervision and no evidence to provide assurance all staff had the appropriate Northern Ireland Social Care Council (NISCC) registration. Evidence provided to RQIA post inspection however did confirm this. Limited information was available for review regarding staff training, induction processes and shift co-ordinator assessments.

RQIA therefore invited the provider's senior representatives to an Enhanced Feedback Meeting (EFM) on 21 July 2026 to address the concerns identified. At this meeting, the representatives provided an account of the actions taken post inspection and further actions planned to drive the necessary improvements within this service.

RQIA were assured that the senior management were cited on the concerns identified and had a robust plan to drive improvement. RQIA will monitor progress in this area 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Discussions with staff and observations of staff 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 care.

Staff raised challenges within the home regarding meeting the young people's care and safety needs within the limitations of the environment. Whilst they reported positive support from management, they noted supervisions were not taking place on a regular basis. Staff feedback in respect of the effectiveness of the systems in place to support them was mixed. They spoke positively about regular team meetings, however struggled with the lack of accessibility to technology in the home environment to enable completion of necessary paperwork and training. Discussions with the manager confirmed they were cited on these concerns and actions had been taken to address these issues at a senior management level.

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.

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 31 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 4 **Stated:** First time	The registered person shall ensure that the Statement of Purpose is updated to clearly describe the aims and objectives of the service, aligned to the needs of the young people it is intended to support. This should include a clear description of the admissions criteria and the pre-admission assessment process to ensure the service can appropriately meet each young person's needs.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure that for all restrictive practices is place there is a clear record that reflects who has been involved in determining and agreeing the need for the restriction, that the least restrictive option is being used and the timescales within which the restriction will be reviewed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 24 (1) and (2) **Stated:** First time	The registered person shall ensure that all new staff complete a robust induction process and that induction records are available for inspection. Induction records should evidence that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people availing of the service.	**Not Met**
	Action taken as confirmed during the inspection: This area for improvement was not met. See section 5.2.2 for more detail.	
Area for improvement 4 **Ref:** Regulation 31 **Stated:** First time	The registered person shall have in place a current fire risk assessment and fire management plan, completed by a competent fire risk assessor, which is revised and actioned as necessary or whenever the fire risk has changed.	**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 2 **Stated:** Second time	The registered provider shall ensure that young people's care plans are reviewed and improved to ensure young people's agreed behaviour support strategies, and any restrictive practices in use are aligned to young people's needs within the current environment.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 **Ref:** Standard 11 **Stated:** Second time	The registered provider shall ensure that the electric shower provided is suitably thermostatically controlled. It is essential that the temperature settings on the shower allow for a safe maximum temperature (44^0c) to be set and maintained in accordance with current best practice guidance (HSG220 & HSIS6 issued by Health & Safety Executive – https://www.hse.gov.uk/pubns/hsis6.pdf).	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Appendix 1, Standard 2 **Stated:** Second time	The registered person shall ensure that personal medication records are checked and signed by two trained members of staff to verify that they are accurate.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 4 **Ref:** Appendix 1, Standard 3 **Stated:** Second time	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily when in use and that appropriate action is taken if the temperature recorded is outside the recommended range of 2ºC-8ºC.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 5 **Ref:** Standard 17 **Stated:** First time	The registered person shall ensure that shift coordinators are assessed as being suitably qualified, competent, and sufficiently experienced and supported to manage this responsibility.	**Not Met**
	Action taken as confirmed during the inspection: This area for improvement was not met. See section 5.2.2 for more detail.	
Area for improvement 6 **Ref:** Standard 17 **Stated:** First time	The registered person shall review and strengthen governance arrangements to ensure effective monitoring of staff compliance with training requirements, in line with the relevant legislation, the Minimum Standards for Children's Homes (2023), and the needs of the young people. This should include the development of a training matrix to identify any gaps, support monitoring, and ensure appropriate mitigating actions are implemented where gaps are noted.	**Not Met**
	Action taken as confirmed during the inspection: This area for improvement was not met. See section 5.2.2 for more detail.	

5.2 Inspection findings

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

Review of records and discussions with manager confirmed that a review had been undertaken of the admissions process and strategies implemented to ensure a more thorough and robust process. New admissions to the home were completed in a planned way and introductory visits to the home took place prior to commencing short breaks. Transitioning to a new living environment can be challenging, and this familiarisation period helps reduce anxiety, build relationships, and foster a sense of belonging from the outset. It also encourages open communication, enabling young people to express their thoughts, concerns and expectations before moving in.

Every child is unique and this was evidenced within the care plans sampled which provided personalised and detailed information with regard to each child's specific needs and preferences. It was positive to see the progress the service has made with regard to developing a more goals/outcome focused approach within care plans. Review processes have recently been established to evaluate young people's individual care and support plans ensuring they are regularly updated and tailored to meet the evolving needs of the young people. Review of risk assessments identified these were not completed for every young person. Whilst staff demonstrated a clear understanding of the young people, reliance on local knowledge in the absence of well-maintained up to date documentation creates avoidable risk. An area for improvement was identified.

Discussions with the management and staff team provided assurances that staff operated from a child centred value base. Daily logs identified consistent recordings reflecting the young person's lived experience. Feedback was provided to the management team with regards to gaps in daily log recordings, the manager was aware of these gaps and had already put measures in place to address same.

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

Children thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships. Discussion with the manager and a review of the staff rota identified deficits in the staffing arrangements due to staff absences and vacancies across the team. However, whilst there was a reliance upon bank staff, this was from a regular consistent pool and the manager was able to evidence a skill mix across each shift. Whilst this was a necessary measure, it was not a sustainable or reliable position. Discussions during the EFM highlighted the service's commitment to recruitment and staffing responsive to the needs of the young people.

Concerns were also identified in relation to the recruitment processes. Full and satisfactory information was not available with respect to all staff employed in the home and the manager did not have sufficient oversight of staff recruitment processes. Discussions during the EFM meeting explained processes in place to ensure safe recruitment however feedback was provided to encourage a review of processes to ensure evidence was maintained within the home for each staff member in relation to Schedule 2 of the Children's Home Regulations (Northern Ireland) 2005. An area for improvement was identified.

Training which is responsive to the needs of the young people and of the staff team contributes to building upon staff confidence, skill and resilience and further ensures staff are equipped to meet any complex needs. Review of the staff training matrix identified that the information contained within it was not accurate or up to date. Limited evidence could be viewed with regards to mandatory training compliance and discussion with the manager increased concerns regarding managerial oversight and governance in relation to training. This area for improvement is stated a second time.

Induction for staff is necessary to provide assurance that staff are 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. This area for improvement is stated a second time.

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

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. The EFM provided assurances of provider's action plan presented at the meeting, which outlined the actions already taken and planned to address these concerns. During the meeting it was agreed progress with the action plan will be monitored via monthly monitoring reports and future inspection activity.

A review of the Northern Ireland Social Care (NISCC) matrix identified gaps in recordings and the documentation was significantly outdated. This did not provide assurances of managerial oversight or that staffing was safe within the home. Whilst information provided post inspection provided assurances all staff working within the home have the required NISCC registration, RQIA were not assured during inspection there were robust processes in place for managerial oversight. An area for improvement was identified.

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

Review of the supervision matrix and discussion with staff, did not provide assurances staff were receiving regular, formal supervision from the management team. Supervision is essential to provide staff with the required supports to deliver safe and effective quality care to young people. An area for improvement was identified.

Bringing staff together on a regular basis is essential to maintaining good communication, developing shared visions and informs the detailed and complex decisions that need to be made on a day to day to meet the needs of the young people. Discussions with the manager and review of documentation evidenced regular team meetings were taking place however feedback was provided to the manager to encourage a review of attendance and dissemination of information to all staff working within the home.

Discussions with the manager identified incidents were minimal, however review of documentation did not provide assurance there was regular review of reported incidents. Furthermore discussions with the manager did not provide assurance that they were confident in the process of RQIA notifiable incidents. Feedback was provided to the manager to encourage a review of recent incidents to ensure RQA had been notified of all notifiable incidents. An area for improvement was identified.

Furthermore RQIA has not received notice of the appointment of a manager in line with Regulation 7 of the Children's Home Regulations (Northern Ireland) 2005. An area for improvement was identified.

No complaints records were available to review on inspection and the manager advised Senior Management held oversight of complaints. As there was no information available for review, there was no assurances that investigations were thorough and comprehensive, with clear outcomes and findings to support continuous learning and improvement within the home. An area for improvement was identified.

Discussions with the manager provided assurances that the management team was due to increase in size which would assist with the governance and leadership of the home. This is particularly important given the inspection findings and resultant Quality Improvement Plan (QIP) highlighting significant weaknesses in quality assurance and governance arrangements within the home. Improving the leadership arrangement in this service is essential to embedding strong governance structures; ensuring effective oversight, and strengthening the direction and support provided to staff; all of which will promote positive outcomes for the young people if embedded and sustained.

5.2.4 How does the service ensure that the home environment meets the needs of the young people?

The home presented as generally clean actions were noted to have been taken to improve the environment. Discussions with the manager provided assurances that further works were due to be completed of these affected areas. Discussions with staff and review of the premises also highlighted concerns regarding the limitations of the environment to meet the needs of the young people. Progress with this will be monitored via 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	4*	6*

* The total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 (1) and (2) **Stated:** Second time **To be completed by:** 18 August 2026	The registered person shall ensure that all new staff complete a robust induction process and that induction records are available for inspection. Induction records should evidence that staff working in the home have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young people availing of the service. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered person will ensure all retrospective induction records have been updated to reflect that they have the appropriate skills and experience necessary to safely undertake their duties. Competency will be assessed and signed off by Team Leader or Deputy Team Leader.
Area for improvement 2 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 18 August 2026	The registered person shall ensure they have visibility of full and satisfactory information in respect of each of the matters specified in Schedule 2. This includes permanent and staff employed as bank. Ref: 5.2.2
	Response by registered person detailing the actions taken: Recruitment and pre-employment checks required under Schedule 2 are undertaken through established Trust recruitment and employment processes, including BSO Shared Services, HR and the Corporate Bank Office. Following the inspection, assurances were sought from the Corporate Bank Office and HR regarding compliance with Schedule 2 requirements of the Children's Homes Regulations (Northern Ireland) 2005. Residential Service, Corporate Bank Office and HR undertook a joint audit of staff working within the home, including bank staff, to provide assurance regarding the availability of Schedule 2 information. The audit included spot-

	checks of AccessNI documentation and verification processes, providing assurance regarding compliance with vetting requirements for staff employed within the service. Whilst the audit provided assurance regarding the information reviewed, it also identified opportunities to strengthen oversight, communication and assurance arrangements between HR and the Corporate Bank Office. As a result, actions have been agreed to enhance governance processes, improve the sharing of recruitment assurance information and provide greater visibility to senior management regarding Schedule 2 compliance arrangements for all staff, including bank staff. Residential, HR and Corporate Bank Senior management have reviewed the findings of the audit and are satisfied that appropriate actions have been taken in response to the areas identified for improvement. Ongoing monitoring and assurance reviews will continue through the governance arrangements of the Corporate Bank Office, with support from HR where required, to ensure continued compliance with Regulation 25 and Schedule 2 requirements
Area for improvement 3 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 18 August 2026	The registered person shall undertake a look back review to ensure RQIA have been notified of any incidents in line with Schedule 5. Ref: 5.2.3
	Response by registered person detailing the actions taken: A retrospective review of incident records was undertaken and RQIA were notified of one incident which required a 1b notification.
Area for improvement 4 **Ref:** Regulation 7(2) **Stated:** First time **To be completed by:** 18 August 2026	The registered person shall ensure that when a manager is appointed for the service, they give notice to the Regulation and Improvement Authority of (a) The name of the person appointed; and (b) the date on which the appointment is to take effect. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered person has submitted their registered manager application to RQIA and payment has also been issued.
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:** Second time	The registered person shall ensure that shift coordinators are assessed as being suitably qualified, competent, and sufficiently experienced and supported to manage this responsibility.

To be completed by: 18 August 2026	Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered person is updating shift coordinator competency assessments and will have a full written record of staff members qualifications and experience to ensure they are assessed and competent to coordinate the home in the absence of Team Leader and Deputy Team Leader.
Area for improvement 2 **Ref:** Standard 17 **Stated:** Second time **To be completed by:** 18 August 2026	The registered person shall review and strengthen governance arrangements to ensure effective monitoring of staff compliance with training requirements, in line with the relevant legislation, the Minimum Standards for Children's Homes (2023), and the needs of the young people. This should include the development of a training matrix to identify any gaps, support monitoring, and ensure appropriate mitigating actions are implemented where gaps are noted. Ref: 5.2.2
	Response by registered person detailing the actions taken: The responsible person has updated the training matrix to reflect current training compliance in the home. A training needs analysis and training plan is under way to address the shortfall in compliance. A freeze training week has been scheduled to be undertaken whilst the home is closed on week beginning 7th September 2026.
Area for improvement 3 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 18 August 2026	The registered person shall strengthen the systems in place to monitor and review staff compliance with Northern Ireland Social Care Registration. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered person has developed a Northern Ireland Social Care Council & Nursing & Midwifery Council tracker for the home. Current registration is reviewed monthly to ensure active registration is in place.

Area for improvement 4 **Ref:** Standard 18 (4) **Stated:** First Time **To Be Completed by:** 18 August 2026	The registered person shall ensure that all care documentation in relation to each young person contains accurate, up to date and necessary information to support risk management and improve quality of care. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person is updating all care documentation in relation to young people to ensure information is up to date and accurate. Risk management plans for young people are agreed at MDT and recorded in care plans to ensure safe, effective and compassionate care.
Area for improvement 5 **Ref:** Standard 17 (13) **Stated:** First Time **To Be Completed by:** 18 August 2026	The registered person shall ensure there is regular supervision for all staff including ancillary and support staff. Supervision should include monitoring of adherence to professional codes of practice and records of supervision should be maintained. Ref: 5.2.3
	Response by registered person detailing the actions taken: Service supervision plan is being developed and agreed across the service. The appointment of a Deputy Team Leader will provide additional managerial capacity to support routine supervisions and recording of supervision. Supervision minuites will reflect professional codes of practice are being adhered to.
Area for improvement 6 **Ref:** Standard 21 (9) **Stated:** First Time **To Be Completed by:** 18 August 2026	The registered person shall ensure the home has a Complaints Record Book in which details of every complaint are kept securely. This record should be monitored on a monthly basis. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered person will ensure that a complaints tracker for the home will be available to review on a monthly basis. Datix records of complaints to service are reviewed and shared by governance lead with the registered person.

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