The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050380

21 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:** Independent Provider **Located within:** – Southern 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 had adverse childhood experiences which has resulted in them requiring residential care.	

2.0 Inspection summary

An unannounced inspection took place on 21 May 2026 between 9.30 a.m. and 6.45 p.m. Further queries were identified following the inspection, and additional evidence was sought. This information gathering process concluded on 28 May 2026. The inspection was conducted by two care inspectors.

The inspection was undertaken in response to intelligence received by RQIA which raised concerns regarding quality and safety of care.

The inspection findings confirmed that five areas for improvement (AFI) identified during the last inspection were met. One area of improvement in relation to the fire risk assessment will be stated for a second time.

Significant concerns were identified in relation to the staffing model including current staffing levels. There were not sufficient numbers of staff employed within the home and staffing ratios did not provide capacity for a responsive, dynamic approach to risk management within the home. Governance and leadership arrangements were also identified as not sufficiently robust to identify and address concerns relating to the delivery of care.

Five new AFIs were identified in relation to; arrangements necessary to promote children's welfare, participation in activities, safe staffing, staff competence; induction and training, and governance arrangements within the home.

In light of the potential impact of these concerns on the quality of care provided to the children in the home, RQIA invited the provider's senior representatives to an Enhanced Feedback Meeting (EFM) on 22 June 2026 to address the concerns relating to the staffing model, staff

capacity to effectively meet young people's needs, and the governance and leadership arrangements within the home.

At this meeting the representatives provided an account of the actions taken post inspection and further actions planned to drive necessary improvement within this home. RQIA were assured the senior representatives were cited on the concerns identified and provided an overview of a plan to drive improvement within the service. 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 children'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 children, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.

Information was provided to children, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this home.

The findings of the inspection were discussed with the management team in charge at the conclusion of the inspection.

4.0 What people told us about the service?

The inspector spoke with the acting manager, deputy manager and staff. Feedback provided a positive view regarding reflective practice and team meetings. Staff indicated their concern regarding current staffing levels to manage the risks presented within the home. This feedback was discussed with the management team at the end of the inspection.

Engagement with staff confirmed they were committed to delivering compassionate, person centred care. Interactions observed on the day of inspection indicated positive relationships existed between children and staff. Children who did not wish to engage with the inspectors were observed at ease and relaxed in their environment.

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

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 18 December 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 31 **Stated:** First time	The registered person shall ensure that; the home has a current fire risk assessment in place, actions arising as a result of the assessment are responded to, and the associated action plan is updated to evidence the actions taken. Ref: 5.2.3	**Not Met**
	Action taken as confirmed during the inspection: This area for improvement was not met. There were a number of outstanding issues with the fire action plan. This AFI is stated for a second time.	
Area for improvement 2 **Ref:** Regulation 11 **Stated:** First time **To be completed by:** 5 March 2026	The registered person shall ensure a rapid review of the service is undertaken. The outcome of the review and the resultant action plan must be submitted to RQIA. The review should; • Define the staffing model for the home, aligned to the aims and objectives of the service and Statement of Purpose. • Outline recruitment plans and associated timescales. • Address induction; training and team development requirements. • Take into account the future financial viability of the home. Ref: 5.2.2	**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 1 **Stated:** First time	The registered person shall ensure children's views, wishes and feelings are regularly and frequently sought by staff and given due weight in line with their age, ability and maturity when making decisions about their care and the running of the home. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 21.9 **Stated:** First time	The registered person shall ensure children's views, wishes and feelings are regularly and frequently sought by staff and given due weight in line with their age, ability and maturity when making decisions about their care and the running of the home. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 3 **Ref:** Standard 17.11 **Stated:** First time	The registered person shall review the complaints policy and procedure for the home and ensure this is compliant with The Minimum Standards for Children's Homes (Department of Health) (2023). A Complaints Record Book must be securely maintained by the home and monitored on a monthly basis. A record must be kept of all communication with complainants, the results of investigations, action taken and the level of a complainant's satisfaction with the outcome. The Complaints Record Book must be available for inspection. Ref: 5.2.4	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 16.4 **Stated:** First time	The registered person shall ensure there is a robust framework in place for monitoring, evaluating and improving staff's capacity to apply Therapeutic Crisis Intervention (TCI) strategies that supports prevention, de-escalation, safe crisis management and post incident learning. This framework is supported by an associated policy and procedure. Ref: 5.2.3	**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 children are getting the right care at the right time?

Discussions with staff and the management team provided assurances that staff operated from a child centred value base, they knew the children well and how they liked to be cared for. Children's daily logs identified consistent recordings reflecting the child's lived experience. Feedback was provided to the management team around recording through an analytical narrative rather than descriptive. The management team advised this was an area they were focussed on improving.

Ensuring records are accurate and up to date is essential for staff to work effectively with the children. Review of children's Individual Crisis Support Plans (ICSPs) and risk assessments, identified these were not regularly reviewed following significant incidents. While staff demonstrated a clear understanding of the children, well-maintained documentation ensures predictable behaviours of concern and subsequent risks are mitigated against. Strengthening systems for version control and review will ensure there is evidence in place of staff promoting the children's welfare through robust review and planning processes in a timely way, as well as evidence that promotes continuity and needs led care. While evidence was available to provide assurance that incidents are reviewed at monthly management meetings and clinical assurance meetings and subsequent learning is disseminated through regular reflective practice sessions with the staff team, evidence was not available individual staff involved in incidents were provided with an opportunity to debrief post incident. This is an essential mechanism that enables the staff and their manager/ supervisor to reflect and identify any personal or team learning post incident. Furthermore, no post incident work with children was available for review, for example Life Space Interviews (LSI's), which are essential to assist with repairing relationships and are consistent with the service's Therapeutic Crisis Intervention model of care. An area for improvement is identified to improve evidence of effective provision for the care of children in this home.

The voice of the child was recorded throughout regular children's meetings and evidence was noted within the care planning process of children playing an active role in their care. However, the number of key working sessions were minimal and did not provide evidence of regular therapeutic input. Discussions with the management team provided assurance these were taking place on a regular basis, however the keyworkers require time and space to document these sessions.

Discussions with the management team highlighted concerns regarding the rationale for children being unable to participate in extracurricular activities. Further discussions with a senior manager provided assurances that a number of extracurricular activities are currently being explored for the children within the home. An area for improvement is identified to improve children's access to activities.

Discussions with an external professional highlighted some concern at the increasing number of incidents within the home and the timeliness in reporting of these incidents. Additional concerns were also raised about the level of therapeutic input received within the placement. Inspectors discussed this with the management team who advised the process of therapeutic formulation was currently being undertaken to identify the most appropriate input for the children.

During the meeting on 22 June 2026 the senior representatives confirmed a reduction in incidents in recent weeks and assurances were provided that the children were receiving appropriate levels of therapeutic input in line with their care plan.

5.2.2 How does the home 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. The manager described the staffing levels which had been assessed as necessary to meet the needs of the children. Sampling of the staff rotas evidenced the recorded staffing levels were not consistent with best practice; which had been identified in the service's Rapid Review Action Plan. Furthermore, the number of staff employed within the service did not align to the number required to safely meet the needs of the children. Staffing ratios as evidenced on the rota did not support a robust approach to incident management, which had resulted in the management team filling gaps in the rota. Furthermore, a high turnover of staff was noted which raised further concern regarding staff availability. Discussions with the management team acknowledged this was not sustainable and they provided assurances that recruitment is an ongoing process. An area for improvement is identified to improve and retain evidence of safe staffing in this home.

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 children 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. Despite a robust induction process being devised following a rapid review of the service, during inspection, evidence of staff induction was not available for review. Discussions with the management team provided some assurance that these were being completed, however they had not been documented. As a result, inspectors were not assured that a robust induction process is in place to support staff commencing their role and to provide the right care at the right time. Review of completed staff probation reports raised further concern about the manager's ability to assess and sign off documentation, inspectors were concerned regarding the lack of assurance that a robust process was in place to assess and monitor staff competency to fulfil their role. An area for improvement is identified to improve available evidence of staff induction, probation, competency and training. This matter also relates to management and governance processes, which is further reported on in section 5.2.4 of this report.

Documentation relating to staffs NISCC registration and training was not available on the day of the inspection and was provided post inspection. The evidence supplied raised concerns regarding evidence of NISCC registration and staffing, for example staff being supernumerary on the rota while completing their induction care shifts within the home. The staff training matrix supplied post inspection identified the managers assurances provided on the day of inspection were not evident in the record. Consequently, concerns remain regarding the timeliness of this record being updated and assurance the staff working within the home have had the necessary training to fulfil their role. This matter is incorporated into the area for improvement above in relation to the availability of evidence of staff induction, probation, competency and training.

Inspectors concluded the necessary assurances relating to robust governance arrangements were not in place. Robust governance processes should ensure effective monitoring and review of compliance with staff training is in place; from induction to mandatory training and NISCC registration. The management team not having actioned robust management and governance processes is further reported on in section 5.2.4 of this report.

During the meeting on 23 June 2026, the senior representatives provided assurances regarding the measures taken and further actions planned to improve governance and quality assurance arrangements, this included review of monthly monitoring visits,

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

The ability for children to influence how their home environment is presented reinforces the message that their views and input are valued. The environment was welcoming and a homely atmosphere was observed. Inspectors noted a number of recent decorative changes had taken place within the home and it presented as clean, tidy and inviting. Personalised areas specific to children's interests were visible throughout the home and the introduction of a sensory room was continuing to be developed and progress with this space was visible.

Discussion with the management team and review of fire safety records evidenced fire safety checks were completed regularly and consistently. However, review of the Fire Risk Assessment Action plan raised concern that a number of actions had yet to be progressed. An area for improvement is stated for a second time.

Ensuring the health and safety of staff and children within the environment is essential. Given an increase in recent incidents of dysregulation, ligature training should be completed as priority for all staff to ensure they have necessary skills to respond to any incidents of this nature moving forward. This area for improvement is incorporated into the area for improvement relating to effective provision for the care of children in this home (5.2.1).

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

Review of the supervision matrix provided assurance governance arrangements were in place to monitor and review compliance, in line with the supervision model adopted by the home. Evidence was also viewed of regular monthly team meetings taking place, alongside regular reflective practice sessions. Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informs the detailed and complex decisions that need to be made on a day to day to meet the needs of the children.

Section 5.2.2 of this report provides an overview of deficits relating to evidence that staff have received the right induction, training, and have been assessed as competent to deliver the right care at the right time. The inspectors also concluded the manager did not have access to accurate records which supports them to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Ensuring staff are registered and have maintained their registration by adhering to NISCC standards for the conduct of practice is a mechanism which gives employers greater confidence that staff understand their professional responsibilities, and are accountable for their practice. Consequently, registration with NISCC provides some assurance staff are safe and competent to work within social care and social work roles within the home. In conclusion the evidence supplied to RQIA did not consistently contain sufficient evidence to demonstrate appropriate decision-making, management oversight, or compliance with the homes policies and required procedures. Monthly monitoring visits as required by Regulation 32, The Children's Home Regulations (Northern Ireland) 2005 are an effective

mechanism to identify deficits at an early stage, ensure any concerns are addressed in a timely manner and support continued improvement. These visits and subsequent reports are an opportunity for the provider to monitor compliance, identify matters for improvement and drive improvement through empowering services to develop improvement plans which incorporate future monitoring of the same. It is concerning the monitoring process did not identify these significant gaps within the home's management and governance arrangements. An area for improvement is identified to strengthen evidence of good governance within this home, which should incorporate a robust quality improvement approach and effective monitoring.

Improving the local leadership arrangements 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 children if embedded and sustained. Discussions with the management team provided assurances that a new manager had successfully been recruited and was due to commence post imminently.

RQIA were concerned the inspection findings and the resultant Quality Improvement Plan (QIP) highlighted weakness 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 provide positive outcomes for the children.

During the meeting on 22 June 2026, the provider's senior representatives provided assurance regarding the measures taken and further actions planned to improve governance and quality assurance arrangements. The representatives acknowledged RQIA's concerns and provided assurance a plan was in place to address deficits as a matter of priority. This was supported by a plan to strengthen governance processes to monitor progress and ensure sustained improvement. It was recommended the provider carry out a review of their current action plan following a rapid review of the service, in light of the concerns raised by RQIA during this inspection. An area for improvement was identified.

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*	2

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 31

Stated: Second time

To be completed by:
21 August 2026</td><td>The registered person shall ensure that; the home has a current fire risk assessment in place, actions arising as a result of the assessment are responded to, and the associated action plan is updated to evidence the actions taken.

Ref: 5.1 & 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The home's Fire Risk Assessment has been reviewed by the Registered Manager following commencement in post on 6 August 2026. All actions identified within the Fire Risk Assessment and associated action plan have been reviewed and completed in March / April 2026. Evidence of completed works and actions is now maintained within the home's health and safety records.
The associated action plan has been updated to clearly record actions taken, completion dates and management oversight. Copies of the updated Fire Risk Assessment and action plan are available for inspection.
To ensure ongoing compliance, weekly and monthly health and safety audits are completed by management and any actions identified through future fire safety reviews, audits or inspections will be recorded, monitored and progressed within agreed timescales. This will ensure the Fire Risk Assessment remains current and all identified actions are responded to promptly and effectively.
The Registered Manager will continue to monitor fire safety arrangements through regular audits and management oversight to ensure compliance is sustained and the safety of children, staff and visitors is maintained at all times. Most recent Fire Assessment completed in Jan 2026 this year.</td></tr>
<tr><td>Area for improvement 2

Ref: Regulation 11

Stated: First time

To be completed by:
21 August 2026</td><td>The registered persons must improve evidence of effective provision for the care of children in this home, specific areas for improvement are:
Ensure children’s ICSP and risk assessment documentation is reviewed following incidents to ensure the care approach delivered by staff is the safest, most effective and compassionate way to meet children’s needs. Any changes must be highlighted to the team without delay to ensure continuity and needs led care.
Individual staff involved in incidents must receive an opportunity to debrief post incident with a suitably</td></tr>
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	qualified and experienced manager/ supervisor. The evidence of post incident debriefs should demonstrate reflection and identify any personal or team learning post incident. • LSI's must be planned for post incident with the child involved in the incident, evidence of the incident should demonstrate staff repairing relationships with the child and be recorded in accordance with the home's Therapeutic Crisis Intervention model of care. • Staff should receive training as priority to ensure they have necessary skills to respond to any incidents, this inspection specifically identified ligature training should be provided for all staff. Ref: 5.2.1 & 5.2.3
	Response by registered person detailing the actions taken: Following the inspection, systems have been strengthened to ensure all Individual Crisis Support Plans (ICSPs) and Risk Assessments are reviewed following significant incidents and whenever changes to risks, behaviours or support needs are identified. Reviews are completed by management and any amendments are communicated to staff through handovers, team meetings and written updates to ensure continuity of care and a consistent approach to meeting each young people needs. A formal post-incident debrief process has been implemented to ensure all staff involved in adverse incidents are provided with the opportunity to reflect on practice, discuss any support required and identify learning. Debriefs are recorded and monitored by management and added to their HR folders, with learning outcomes shared through team meetings, supervision sessions and reflective practice discussions to promote continuous improvement and safe care practices. Life Space Interviews (LSIs) are now being recorded following incidents in line with the home's Therapeutic Crisis Intervention (TCI) model of care. These interventions support young people to reflect on incidents, repair relationships, develop coping strategies and reduce the likelihood of future incidents. Completion of LSIs is monitored through regular management audits to ensure they are completed within agreed timescales and appropriately recorded. Staff knowledge and competence have been strengthened through additional training, including Ligature Awareness Training, Safeguarding Level 2 and Level 3 (For Team Leads and Managers), Recording Workshop Training, Medication Training, TCI Refresher Training and TCI Induction Training. Professional Boundaries Training has also been arranged as part of the home's ongoing workforce development programme.

	The Registered Manager monitors compliance through monthly audits, supervision, team meetings and governance reviews to ensure these improvements remain embedded and continue to promote safe, effective and therapeutic care for all children living within the home.
Area for improvement 3 **Ref:** Regulation 24 **Stated:** First time **To be completed by:** 21 August 2026	The registered persons must ensure there is evidence of a sufficient number of suitably qualified, competent and experienced persons working on each shift in the home which is consistent with: • The best practice model recorded in the service's Rapid Review Action Plan and any subsequent updates. • The number required to safely meet the needs of the children. • Staffing ratios assessed as necessary to support safe and effective incident management. The staffing levels maintained should enable the management team to complete their management and governance tasks effectively and not require them to consistently fill gaps in the rota. Ref: 5.2.2
	Response by registered person detailing the actions taken: The staffing arrangements within the home have been reviewed to ensure there are sufficient numbers of suitably qualified, competent and experienced staff available to meet the needs of the children and support safe and effective care delivery. The home currently operates with a minimum staffing ratio of 2:1 throughout the day, with an additional staff member rostered during peak periods to support activities, appointments, routines and individualised care. Management presence is maintained within the home Monday to Friday to provide leadership, oversight and support to both children and staff. Recruitment remains an ongoing priority and the service has actively worked to strengthen staffing capacity through recruitment and onboarding processes. Contingency arrangements have also been implemented through the induction of experienced staff from a sister home who are familiar with the organisation's policies, procedures and therapeutic model of care, providing additional resilience when required. Staffing levels are reviewed regularly through management oversight, rota analysis, incident monitoring and assessment of the children's changing needs. These arrangements ensure staffing ratios remain responsive to the needs of the children,

	support effective incident management and enable managers to fulfil their leadership, governance and quality assurance responsibilities. The Registered Manager will continue to monitor staffing levels through regular audits and workforce planning to ensure safe, consistent and sustainable staffing arrangements are maintained within the home. Recruitment is ongoing, and a waiting list is being developed for successful candidates to support future staffing needs.
Area for improvement 4 **Ref:** Regulation 26(4) **Stated:** First time **To be completed by:** 21 August 2026	The registered persons must evidence robust arrangements are in place to evidence staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the children in the home. Particular attention should be given to: • Individual staff induction records which must be completed in real time and signed by the inductor, inductee and the manager. • Individual staff probation reports which must include the manager's assessment and signature when probation has been completed. • Staff competency records which must evidence the individual staff competence in relation to specific tasks aligned to their role and level of responsibility. • Evidence of mandatory training and training required to meet children's individual needs is delivered to staff in a timely manner and the training record is updated when training is complete. • Evidence the staff working in this home are registered with NISCC and they are maintaining their registration. • Staff are working as a supernumerary staff member on the rota while completing their induction care shifts within the home. Ref: 5.2.2
	Response by registered person detailing the actions taken: Since commencing in post, the Registered Manager has implemented and strengthened systems to ensure staff involved in the delivery of care possess the knowledge, skills and competence required to provide safe and effective care to young people. All new staff now complete a structured induction programme which is completed in real time and signed by both the inductor, inductee and Manager. Completed inductions are maintained within individual staff files and monitored through an induction tracking matrix which records start dates, induction completion dates, probation review dates and competency assessment dates. Before completed induction

	are completed, all staff that are deemed compitant are signed off by Manager. A probation monitoring system has been implemented to ensure staff probation reviews are completed within required timescales. Probation review dates are tracked by management and monitored to ensure staff performance, conduct and suitability are assessed appropriately throughout their induction period. A competency matrix has also been introduced to monitor and record staff competency assessments in line with their role and responsibilities. This enables management to identify when assessments are due and ensures staff continue to demonstrate the required knowledge and skills to meet the needs of the young people safely and effectively. Staff training compliance is monitored through the home's training matrix and management oversight processes. Since the inspection, staff have completed additional training including Ligature Awareness, Safeguarding Level 2 and Level 3, Recording Workshop Training, Medication Training, TCI Refresher Training and TCI Induction Training. Future training requirements are planned and booked in advance to support ongoing compliance and professional development. Management maintain and review a NISCC registration matrix to ensure all staff are appropriately registered and that renewal dates are monitored. NISCC registration status is reviewed regularly and discussed within supervision to support continued compliance. All newly appointed staff complete shadow shifts as supernumerary staff members before being included in staffing numbers. This ensures staff become familiar with the young people's needs, the home's routines, policies and therapeutic approach before undertaking full duties. The Registered Manager will continue to monitor induction records, probation reviews, competency assessments, training compliance and NISCC registrations through regular audits, supervision and governance arrangements to ensure these improvements are sustained.
Area for improvement 4 **Ref:** Regulation 11 **Stated:** First Time	The registered person shall undertake a review of the current action plan for the service to ensure it account for concerns raised during most recent RQIA inspection. Ref: 5.2.4
To be completed by: 21 August 2026	**Response by registered person detailing the actions taken:** Following the inspection findings, the home's action plan has been reviewed to ensure it reflects the concerns and areas for improvement identified during the most recent RQIA inspection.

	The CEO is currently in the process of flinalizing the service action plan to ensure all inspection findings, recommendations and improvement actions are accurately reflected and monitored. This includes actions relating to staffing levels, staff training and development, induction processes, competency assessments, incident management, governance arrangements and quality assurance processes. Management oversight and monitoring arrangements have been strengthened through regular audits, supervision, team meetings, monthly monitoring visits and quality assurance reviews. These processes are used to monitor progress against identified actions, address any emerging concerns and support continuous improvement within the service. The action plan remains under regular review by the Registered Manager and Operations Manager to ensure it remains responsive to the needs of the home, reflects current service priorities and supports the delivery of safe, effective and child-centred care.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 7 **Stated:** First time **To be completed by:** 21 August 2026	The registered person shall ensure children are supported and encouraged to take part in school-based and out of school activities as well as a range of interests and hobbies including leisure activities, sports, arts and trips. Evidence of actions in this regard should be available for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: The home has taken steps to ensure children are supported and encouraged to participate in a range of school-based and out-of-school activities, interests and hobbies in line with their individual needs, preferences and abilities. A structured summer activity programme was developed and implemented throughout July and August 2026, providing our young people with opportunities to participate in recreational, community-based and social activities including a holiday to Centre Parcs. Activity plans are displayed within the home and are reviewed regularly to reflect the wishes and interests of our young people. In addition, a weekly activity visual chalk board planner has been introduced and is updated each week. Planned activities are discussed with young people and displayed within the home to promote participation and ensure children are aware of upcoming opportunities. Staff actively encourage and support children to engage in activities both within the home and the wider community.

	Children's views and preferences are considered when planning activities, ensuring opportunities are individualised and reflect their interests, developmental needs and personal goals. Participation in activities is recorded and monitored through daily recordings, key work sessions, young people meeting and management oversight. The Registered Manager will continue to monitor activity planning and participation through regular audits, children's meetings and staff discussions to ensure children have ongoing access to a varied range of meaningful activities, hobbies and interests.
Area for improvement 2 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 21 August 2026	The registered persons shall ensure robust management and governance systems are in place and assure the delivery of safe, effective, compassionate and well led care within the home on a daily basis, particular attention should be given to: • The homes policies and procedures are adhered to by staff and the management • Robust governance arrangements should be in place to monitor and review compliance with staff training; from induction to mandatory training and • Robust governance arrangements should be in place to ensure all staff employed in a caring role within the home are registered with NISCC in accordance with NISCC registration process and their registration is maintained. • The registered provider must ensure the Monthly monitoring visits, as required by Regulation 32, The Children's Home Regulations (Northern Ireland) 2005, are improved to ensure they are an effective mechanism to identify deficits at an early stage, ensure any concerns are addressed in a timely manner and support continued quality improvement within this home. Ref: 5.2.2 & 5.2.4
	Response by registered person detailing the actions taken: Management and governance arrangements within the home have been strengthened to support the delivery of safe, effective and well-led care. The Registered Manager has implemented increased oversight through regular audits, supervision, team meetings and quality assurance processes to monitor compliance and identify areas requiring further development. The home's policies and procedures are embedded within practice through monthly supervision sessions and team meetings. Since July 2026, staff have been allocated specific

	policies and procedures to review and discuss during team meetings to promote knowledge, accountability and consistent practice throughout the staff team. Staff training compliance is monitored through the organisation's training matrix, which is overseen and maintained by the Operations Manager. Training requirements are reviewed regularly to ensure staff complete mandatory training and any additional training required to meet the individual needs of children residing within the home. Any identified training needs will be planned well in advance to ensure availability and support timely completion. NISCC registration is monitored through an established NISCC matrix. The Registered Manager reviews this monthly and discusses registration status with staff during supervision sessions to ensure registrations remain current and compliant. Any upcoming renewal dates are identified in advance and followed up accordingly. Monthly Monitoring Visits continue to take place twice monthly, including visits conducted by the Trust and the Independent Compliance Officer. These visits are used as a quality assurance tool to identify areas of good practice, highlight any deficits at an early stage and support continuous improvement within the service. Findings from monitoring visits are reviewed by management, incorporated into action plans where required and discussed with staff through supervision and team meetings to ensure learning is embedded into practice. The Registered Manager and Operations Manager will continue to monitor governance arrangements through audits, monitoring visits, supervision and quality assurance reviews to ensure continuous improvement and sustained compliance within the home.

Please ensure this document is completed in full and returned via the Web Portal



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