The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050378

04 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:** – Western Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The young people living in this home have had adverse childhood experiences which has resulted in them requiring residential care. Children and young people will be referred to collectively as young people in this report.	

2.0 Inspection summary

An unannounced inspection took place on 4 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. Two areas for improvement identified during the last care inspection were assessed as met. Two new areas of improvement in relation to bespoke staff training and handovers were identified.

Staff had a detailed understanding of young people's individual needs and positive relationships were evident. Young people were supported by a stable and experienced, staff team. Staffs approach was young person centred and informed by a comprehensive assessment of the young people's needs. Additionally, the young people had access to a network of professionals to support and guide their care.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with staff and the management team. Although young people were present on the day, opportunities to speak with them were not available.

Observations on the day of inspection provided evidence that staff and young people communicated easily and freely together. Staff were observed to be responsive to the young people's needs and respectful of their wishes.

Discussions with staff confirmed that the leadership style of the management team has supported and enabled them to remain resilient and focused on their role of supporting the young people. Staff described access to effective formal and informal supports and reflected positively on the open door culture promoted by the management team. They were confident that any concerns or suggestions made would be listened to and dealt with appropriately.

Discussions with the management team and staff, provided assurances that a young person centred and trauma informed approach was embedded within the service. They demonstrated commitment and motivation to provide safe and effective care for all young people.

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?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 11 December 2025</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 25

Stated: First time

To be completed by:
5 February 2026</td><td>The registered person shall ensure the provider's agency staff procedure is reviewed to ensure that safe recruitment checks completed prior to agency staff working in Children's home, are consistent with The Children's Home Regulations 2005. A clear record of these checks should be maintained by the manager and made available for inspection.

Ref: 5.2.1

Action taken as confirmed during the inspection:
This area for improvement was met.</td><td>Met</td></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Standard 17

Stated: First time

To be completed by:
6 February 2025</td><td>The registered person shall ensure that all staff complete training in Therapeutic Crisis Intervention (TCI) and Food Hygiene.

Ref: 5.2.1

Action taken as confirmed during the inspection:
This area for improvement was met.</td><td>Met</td></tr>
</table>

5.2 Inspection findings

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

Management and staff demonstrated a commitment to providing individualised care while maintaining an awareness of the complexities presented by young people within the home.

A review of young people's daily logs evidenced a good quality of recording, which was representative of young people's lived experiences. Young people's records were well organised, easily accessible, and routinely updated to ensure staff remained informed about

each young person's individual needs and agreed care and risk management plans. The records sampled were personalised, outcome focused and reflected a co-ordinated, multi-disciplinary approach be those involved in the young person's care.

These records, along with feedback from staff and the management team provided assurances that staff operated from a strong value base, which was person centred and human rights led. Discussions with staff confirmed they knew the young people well, how they liked to be cared for and the agreed strategies that promoted their safety and wellbeing. Discussion with a senior manager post inspection provided assurances safety plans were regularly reviewed with the wider multi-disciplinary team and young people were being involved in making decisions about their care.

Records to guide staff in supporting young people's safety and wellbeing, such as risk assessments and individual crisis support plans (ICSPs) were detailed and specific to each young person. These documents were regularly updated and reviewed which provided assurances they remain effective and responsive to any changes or emerging concerns.

Systems were in place to review and monitor progress of young people's placements. In addition to statutory Looked After Children's reviews, monthly care planning meetings were held, involving all relevant professionals. Discussions with the management team provided assurance every effort was made to engage young people in these meetings. The frequency of these meetings were increased in response to identified or escalating risks.

The management team and staff also highlighted the value of receiving support from relevant professionals within therapeutic services, such as psychology, occupational therapy and speech and language therapy, helping them to better understand and meet the needs of the individual young people.

Handover records are a key communication tool between staff members across shifts to ensure that essential information is shared effectively. No handover records were available for review on the day of inspection. An area for improvement was identified.

Young people's meetings occurred on a regular basis. The young people also had frequent visits form the Voice of Young People in Care (VOYPIC) advocacy service. The advocacy model in place promoted a culture within the home that was child centred and encouraged and maximised the participation of the young people in every aspect of decision making about their care, welfare and environment.

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

Responsive staffing arrangements are essential to; safeguard and promote the health and wellbeing of the young people and adhere to safety plans. The manager described the staffing levels, which had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced staffing levels were consistent with the levels described; and were reviewed on an ongoing basis to ensure they remained consistent with the needs of the group of young people in the home.

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 the individual and group needs of the young people living in the home. Discussions with the management team and a review of the staff training matrix identified high levels of compliance with mandatory training, however there was limited evidence of bespoke training to meet the individual needs of the young people within the home. An area for improvement was identified.

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

The home overall was well maintained and presented as a comfortable, welcoming space. Some environmental damage, whilst visible, was being addressed and discussion with the management team provided assurances that plans were in place to personalise the home in accordance with the preferences of the young people living in the home. Progress with this will be monitored via monthly monitoring reports and future inspection activity.

Fire safety records evidenced that fire safety checks, fire drills and fire trainings were completed regularly. An annual fire risk assessment had recently been completed and discussion with the management team provided assurances that the associated action plan would be followed up within timescales.

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

Robust and effective governance arrangements were in place to monitor, assess and improve the quality and safety of the service.

The management team convene regular team meetings. Team meetings are crucial for fostering a collaborative child centred approach, they provide opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to care. Advice was provided to the management team to ensure actions from previous meetings were reviewed and progress recorded to improve evidence of their oversight and assurance.

The management team described providing regular supervision to staff. Review of the staff supervision matrix and discussions with the staff team confirmed there were robust governance arrangements in place to monitor and review compliance with the supervision model adopted by the provider.

Review of staff records identified that the management team had a robust system in place to ensure full access to all agency staff recruitment information and associated documents to ensure adherence with Regulation 25 (3) Schedule 2 Information of The Children's Home Regulations (Northern Ireland) 2005.

Complaints records showed good governance arrangement were in place and that there was a robust approach to investigation and resolution of complaints.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023).**

	Regulations	Standards
Total number of Areas for Improvement	0	2

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.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 4 August 2026	The Registered Persons should ensure there are robust arrangements and evidence in place which ensure staff are equipped with the skills and training required to meet the needs of the young people living in the home. Particular attention should be given to training and supporting staff to meet children's needs relating to mental health, self-harm and neurodiversity. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered persons have been in contact with colleagues from the Social Services Learning, Development and Governance Team and they have signposted us to training in the areas mentioned. The training in question is Neurodiversity Awareness and Understanding SelfHarm. Links to this training have shared with the staff team and the registered persons shall ensure that all complete this training by the beginning of October and that a record of same is held within the home's training matrix.
Area for improvement 2 **Ref:** Standard 18, 17.8 & Appendix 2 **Stated:** First time **To be completed by:** 4 August 2026	The Registered Persons shall ensue that written shift and staff handover records are improved to provide evidence of: • who provided the handover and the staff who received it • planning for spending time with individual young people and the incoming staffs coordinated approach to risk management arrangements and generally meeting the needs of the young people living in the home. The improvements made should be consistent with the shift and staff handover policies available for staff reference. Ref: 5.2.1

	Response by registered person detailing the actions taken: The registered persons have met with managers from other homes to examine what is currently in place in terms of handover records in their homes. A handover record has now been developed for the home which meets the stated criteria and is in use within the home.

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



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