The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050414

06 May 2026 and 24 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:** – Northern Heath and Social Care Trust	**Manager status:** Not registered-application submitted
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 physical and or intellectual needs/disability and in need of medium to long term care or short breaks in residential care. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 06 May 2026 between 10 a.m. and 6:20 p.m. The inspection was conducted by a care inspector. The inspection concluded on 24 June 2026 following review of additional information submitted to RQIA.

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. Key lines of enquiry for this inspection were informed by intelligence which raised concern regarding the environment and the arrangements in place to ensure young people's complex needs could be met safely.

The inspection process also included assessment of an application submitted by the provider to RQIA to vary the registration of the service. The aim of this application was to cease short breaks and provide an additional medium to long term placement. This application was subsequently approved by RQIA.

Two areas for improvement identified during the last care inspection in relation to governance of staff supervision and induction were assessed as met.

Records relating to young people's care were current, accessible, outcome focused and demonstrated evidence of review. Young person-centred approaches were evident, with communication tailored to individual needs. Meaningful activities promoted young people's social development, independence, sensory needs and overall wellbeing.

The environment was warm, welcoming, and had been adapted to meet young people's assessed needs. Some further works were required and planned to further enhance the environment and ensure this was aligned to young people's needs. These works were confirmed as completed at the time of writing this report.

Seven new areas for improvement were identified in relation to the fire risk assessment, fire safety checks, fire drills, staff supervision, safe recruitment, staff training and medicines management. The inspection findings and feedback from staff and the manager raised concerns regarding the adverse impact of a recent period of instability upon the service. Whilst this period had concluded, the resultant impact upon staff morale, staffing arrangements, and quality of governance and leadership arrangements were noted.

The inspection findings were discussed with a senior manager post inspection and assurance provided there was an effective and responsive action plan in place to address these concerns and re-establish stability within the home. This is discussed further in the main body of the report.

The findings of this report will provide the manager with the necessary information to improve practice and young people's experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection.

A range of documents were examined to determine that effective systems were in place to manage the home and deliver safe care.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.

Information was provided to young people, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this home. This included questionnaires and an electronic survey.

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

4.0 What people told us about the service

The inspector spoke with young people, staff, the manager, and a senior manager to inform the inspection process.

Young people were seen to be relaxed in their surroundings and engaged well with staff. Feedback from young people confirmed they liked living in the home and that they were supported to engage in activities they enjoyed, both within their home and in the local community.

Opportunities to gain feedback from staff during the inspection was limited as they were attending a meeting with the senior management team off site whilst young people were out of the home. However, feedback that was provided by some staff, and the manager confirmed morale amongst the team had been impacted as a result of a recent period of instability.

Engagement with a senior manager post inspection provided assurance the senior management team were cited on the concerns raised regarding team morale and support available to staff within the service and that an action plan had been established to strengthen staff support arrangements, improve team morale and promote a positive working environment. This is discussed further in section 5.2.4.

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 23 October 2025		
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 17 **Stated:** Second time	The registered person shall ensure that all new staff should complete a competency based induction process. Induction records should demonstrate that staff have the appropriate skills, competence and experience necessary to safely undertake their duties and meet the needs of young	**Met**

	people accommodated. This should include evidence of competency assessment/review by the manager, and the identification of any future learning needs, if applicable.	
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	
Area for improvement 2 **Ref:** Standard 17 **Stated:** First time	The registered person shall ensure that there is a system in place which effectively monitors staff compliance with the supervision policy in operation within the home.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	

5.2 Inspection findings

5.2.1 Do young people receive care and support that promotes positive behaviour, respects their individual needs, and supports their safety and wellbeing?

Records sampled provided assurance that young people's care plans were current, included clearly defined therapeutic goals, and were reviewed with the aim to support young people's progress and enhance their lived experience. Advice was provided to ensure these records were signed and dated correctly at the time of review, to clearly evidence effective oversight by the management team.

Young people's daily logs identified that the quality of recording was of a good standard and the detail reflected the young people's lived experience. These records along with feedback from staff, provided assurance that the staff team were committed to engaging with the young people in a therapeutic manner. 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.

Social stories and visual aids were used to support the young people to understand and navigate social situations, routines, and emotional responses; providing clear and concrete expectation, and promoting social understanding, communication and coping strategies.

There was evidence that young people were engaged in activities they enjoyed. Activities were tailored to young people's interests, helping to build their knowledge and skill for the future whilst also strengthening relationships with staff. Advice was provided to ensure that young people's records were consistently updated to reflect the actions taken by staff to support young people to achieve their goals, to capture their views and to evidence how they advocate on behalf of young people.

The management of behaviours which challenge may require a predetermined, crisis response from staff in line with young people's Positive Behaviour Support (PBS) Plans and agreed interventions. Identified risk behaviours, associated triggers and the strategies in place to reduce the risk of harm were clearly documented.

Records sampled reflected an individualised, co-ordinated approach to behaviours which was informed by staff, relatives/carers and the multi-disciplinary team. This approach supported a shared understanding of behaviour, and aimed to ensure support strategies were implemented consistently to achieve positive outcomes. Evidence was available that where agreed strategies were no longer deemed effective, staff worked collaboratively with the multi-disciplinary team to ensure changes were implemented to reduce risk and promote young people's health and wellbeing.

The use of restrictions should be individually assessed, clearly justified, and proportionate to the level of risk, ensuring that young people's rights are respected while promoting their safety and wellbeing. Staff demonstrated they were knowledgeable regarding their roles and responsibilities, including with respect to Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act (MCA) (Northern Ireland) 2016. Advice was provided to ensure timely escalation to the relevant teams where review timescales were imminent.

Records evidenced that restrictive practices were agreed in partnership with the multi-disciplinary team, however, not all practices were recorded in the home's Child Specific Restrictive Practice form. Advice was provided to ensure all restrictive practices are accurately recorded on this document, with clear evidence of review and action taken by the staff team to prevent recurrence where appropriate. This would support effective governance and auditing arrangements, and ensure the staff team have a clear and up to date overview of the current restrictive practices in place for the young people.

Evidence was not available that young people were visited consistently by their statutory social worker. These visits should provide independent oversight of the quality of young people's care, ensure care plans remain appropriate, and promote the participation of young people in decisions affecting their lives. Where visits are not undertaken as required, this should be escalated to a senior manager for remedial action. Advice was given in this regard and progress will be monitored via future inspection activity.

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

Young people thrive when they have access to consistent care givers and when they have the opportunity to form stable and enduring relationships.
Consistency in staffing arrangements also provides young people with a predictable structure and routine, contributing to reduced anxiety and supporting emotional regulation. This, in turn, promotes a sense of security and improved outcomes for young people.

The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people. Sampling of the staff rotas evidenced staffing levels were consistent with the levels described. Advice was provided to the manager to ensure rotas are accurately maintained to reflect staffs full name.

The rota was supported by the use of agency and bank staff due to a number of vacancies and absences in the core staff team. Engagement with a senior manager post inspection confirmed that the provider remained committed to recruiting the necessary permanent staff required to fulfil the home's statement of purpose, with further recruitment activity planned to achieve this position. In the interim, the management team aimed to promote continuity of care for the young people through the use of consistent bank and agency staff.

Safe recruitment practices are an essential mechanism that ensure staff have been appropriately vetted and assessed as suitable for their roles. Evidence was not available to provide assurance that all staff had been recruited in accordance with Regulation 25 and Schedule 2 of the Children's Homes Regulations (Northern Ireland) 2005. Whilst records were available for review with respect to agency staff, the manager did not have access to the necessary information relating to core or bank staff. An area for improvement was identified.

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 will not only benefit newer members of staff integrating into their role, but it will also help promote a consistent approach in relation to daily practices within the home.

Induction records available for review on the day of the inspection did not provide assurance that all staff had undertaken a service specific induction. There was evidence that a competence-based induction checklist had been established since the last inspection, however records sampled were not completed in full or had not been completed for staff who had changed post for example. Whilst additional evidence was submitted post inspection which demonstrated the area for improvement relating to induction processes was met, advice and guidance was provided with the aim to ensure induction processes are further strengthened moving forward.

Training that 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 of each young person within the home. Review of training records confirmed there was a range of appropriate mandatory and specialist training available and there was good compliance with identified training requirements for core staff. Gaps were identified in relation to Makaton and ASD for bank staff and the manager agreed to source training in these keys areas as a matter of priority.

The training matrix did not provide assurance however that agency staff had completed all of the training requirements deemed as necessary. Safe staffing arrangements rely on staff completing training that equips them with the competencies necessary to meet the needs of young people living in the home and to deliver care that is safe, effective and compassionate. An area for improvement was identified.

In addition, review of training records identified that medication competency assessments had not been completed for staff. The manager was unaware that competency in the administration

of medication was required to be completed at regular intervals. Furthermore, there was no written policy or procedure governing medication management within the home.

Medication competency assessments are an essential mechanism that help ensure staff are competent to administer and manage medicines safely. They provide assurance that staff understand their responsibilities, can follow medication procedures accurately and are able to minimise the risk of medication errors, thereby promoting the safety and wellbeing of young people. An area for improvement was identified.

5.2.3 How does the service ensure young people experience a safe and high-quality environment?

Overall, a warm and inviting environment was noted. The home was nicely decorated and presented as a comfortable, welcoming and homely space for young people to live. Young people's bedrooms were decorated in line with their interests, wishes and feelings. An outdoor space with child friendly equipment was also available to the young people. There was evidence that maintenance of the home was reported by staff and that adaptations identified as necessary by the multidisciplinary team had been completed.

Assurance was provided that the outstanding works to remove the additional perimeter fencing, which had been assessed as no longer required, would be completed imminently. A deep clean of the home had been requested and further planned works were due to be completed to enhance the overall presentation of the home. Additional sensory equipment was also being sourced.

Review of fire safety records identified appropriate site-specific evacuation procedures and personal evacuation plans were in place. There was also evidence that a fire drill had been completed in October 2025. A record of staff attending this drill was not available in the fire file. In addition, whilst a Fire Risk Assessment had been completed, evidence was not available to provide assurance the resultant action plan had been addressed. Fire checks were not consistently completed. Three new areas for improvement were identified regarding fire safety. An area for improvement was identified. Advice was also provided to the manager to ensure that a Floor Plan of the home was requested urgently from the relevant department, and a copy held in the Fire File.

Robust risk assessments support safe, consistent and informed practice by ensuring staff understand identified risks, the actions required to reduce these risks, and how to support young people safely whilst promoting their independence, rights and positive outcomes. Advice was provided to the manager to complete general risk assessments in relation to significant behaviours of concern and where appropriate, share with Health and Safety personnel within the organisation. This approach supports effective identification, assessment and management of risks, ensuring appropriate control measures are in place to reduce the potential for harm to young people, staff and others, and promotes a safe environment.

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

Review of records provided assurance there was a range of staff support mechanisms in place such as team meetings, staff huddles, staff supervisions and appraisals. The staff team also had the opportunity to engage in reflective practice. These forums can support effective communication and provide a space for issues and concerns to be discussed by staff, opinions to be expressed and a consistent approach in respect to how care is delivered and maintained to be achieved.

Whilst the inspection process confirmed supervision was completed regularly and a matrix reflecting same maintained, records of supervision discussions had not been routinely shared with staff members. This was not in line with the provider's policy, and did not provide assurance that staff had the opportunity to review, agree and reflect on the discussions, actions and support identified during supervision. Ensuring supervision records are shared with staff in a timely manner following completion will support effective communication and accountability. An area for improvement was identified.

Team meetings were structured with a clear agenda that staff had had opportunity to add to prior to meetings. Records showed that young people's wishes and views were routinely shared and discussed. Staffs attendance at team meetings could be improved and the manager was proactive in their approach to driving this forward. To further strengthen governance arrangements, team meetings records should clearly evidence agreed actions, identify the person responsible, and record when actions have been completed. This approach ensures effective oversight and assurance that actions have been followed through. Progress in this area will be reviewed during future inspection activity.

As outlined in section 2.0 and 4.0 morale amongst the team had been adversely affected by a period of instability, and increased risks associated with managing behaviours which challenge. There had also been an increased reliance upon the manager to cover shifts in the home due to absences within the staff team. This had thereby reduced the manager's capacity to fulfil their management responsibilities and governance of the home.

Engagement with a senior manager following the inspection provided assurance that the senior team were aware of the concerns identified in relation to staff morale, feedback regarding staff support, and the current capacity of the management team. A deputy manager had been appointed, and it was anticipated that this additional management resource would strengthen leadership and oversight arrangements within the home. Recruitment activity was also ongoing to address existing vacancies within the staff team.

In response to the issues identified, the senior management team had also commissioned bespoke values and culture workshops for staff, identified additional leadership support for managers, and introduced enhanced reflective practice opportunities and psychological support mechanisms for the staff team. Employee relations processes continued to be progressed, where required. Collectively, these actions are intended to strengthen communication and working relationships, and support the development of a more stable and consistent staff team. If successfully implemented and embedded in practice, these actions should strengthen leadership capacity, improve staff wellbeing and morale, and promote a more positive and cohesive team culture.

Progress in these areas will be reviewed through Regulation 32 reports submitted to RQIA that report on the conduct of the home and during 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	5	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and senior 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 31 **Stated:** First time **To be completed by:** 31 August 2026	The registered person should ensure that all actions identified within the Fire Risk Assessment action plan are completed and records are maintained to evidence their completion. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have been fire trained and have attended Fire Warden Training. Two deputy Fire Warden's are now appointed to ensure daily, weekly, monthly and annual checks completed and signed. Fire Drills to be held quarterly and signed by all staff, which will br kept on file. Daily fire checks and weekly fire checks to be completed each Monday, as indicated on daily tasks check list as well as the fire warden checking this is completed. Deputy Fire wardens are familiar with The Fire Risk Assessment action plan and how to complete records. Floor plans placed in the front office and fire file.

Area for improvement 2 **Ref:** Regulation 26 **Stated:** First time **To be completed by:** 31 August 2026	The registered person should ensure that fire safety checks are undertaken and recorded in line with the provider's policy and procedure. Ref: 5.2.3
	Response by registered person detailing the actions taken: Deputy Fire Warden's to check each week that daily fire checks are completed. Monthly Fire Audits also in place to ensure all checks completed.
Area for improvement 3 **Ref:** Regulation 26 **Stated:** First time **To be completed by:** 31 August 2026	The registered person should ensure that fire drills and practices are completed at suitable intervals, so that the persons working at the home and children accommodated there, are aware of the procedure to be followed in case of fire. Ref: 5.2.3
	Response by registered person detailing the actions taken: Fire drills to take place at least quarterly and signed by all staff. Additional Fire Drills to take place for new admissions and new staff.
Area for improvement 4 **Ref:** Regulation 26 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure supervision records are shared with staff in a timely manner, in line with Regional and the provider's policy and procedure, to support accountability, professional development and ensure effective communication. Ref: 5.2.4
	Response by registered person detailing the actions taken: Supervision records to be emailed to all staff at the end of supervisions.This will allow the opporunity for staff to read and ammend if required.
Area for improvement 5 **Ref:** Regulation 25 **Stated:** First time	The registered person shall ensure safe recruitment practices are in place and evidence is maintained to demonstrate staff are recruited in accordance with Regulation 25 and Schedule 2 of the Children's Homes Regulations (Northern Ireland) 2005. Ref: 5.2.2

To be completed by: 31 August 2026	**Response by registered person detailing the actions taken**: Registered Manager is now set up on AMIQUS to access all new employee onboarding information and records.
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:** First time	The registered person shall ensure robust governance arrangements are in place to effectively monitor and review staff's compliance with training requirements. This should also include agency staff. Ref: 5.2.2
To be completed by: 31 August 2026	**Response by registered person detailing the actions taken:** All staff have been placed on the Training Matrix, which encompasses mandatory trust training, disability training and any adiditional training undertaken to support their job role. Each staff has a Learn HSC account to access trainig. Home Mnager has oversight of all mandatory training completed via Learn HSC. The Training matrix is monitored by the home manager and staff are emailed requesting them to attend mandatory training. Learn HSC alerts the Home Manager when training is required for each staff.
Area for improvement 2 **Ref:** Appendix 1, Standard 1 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure that written policies and procedures for the management of medicines are in place and cover all aspects of medicines management, including arrangements for training and systems to review staff competency in the management of medicines. Ref: 5.2.2
	Response by registered person detailing the actions taken: Medicine training is placed on the training matrix. Medicine comptency assessment is being completed with all staff involved in medication administeration and placed on a matrix. Medication training is mandatory for all staff and competency assessment completed annually, placed on Medicine Management Policy placed in front of the Medical File. Medicine Management Policy is currently been drawn up for CYP residential homes in NHSCT.

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





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