The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050408

30 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:** Belfast Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The children 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 throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 30 June 2026 between 9.20 a.m. and 5.15 p.m. The inspector returned on 3 July 2026 for a second onsite inspection day between 9.15 a.m. and 5.20 p.m. The inspection concluded on 8 July 2026 following the provider's submission of additional information. The inspection was conducted by a care inspector.

No areas for improvement were identified during the last care inspection conducted on 4 December 2026. This inspection assessed progress with one of the two areas for improvement identified during the last Medicines Management inspection conducted on 11 December 2026 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The area for improvement relating to medication storage was reviewed and assessed as not being met, this is stated for a second time. The area improvement in respect of the management of controlled drugs is carried forward for review at the next inspection.

The management team advised there had been a number of temporary changes within their team however, they reassured the inspector that service delivery had remained safe, effective, and compassionate throughout this period. During the inspection the management team was observed to be working well together and were actively seeking to improve the children's lived experience.

The home was providing effective care, support, and implementing safeguards when necessary for young people with complex and diverse needs, including those experiencing periods of

vulnerability, crisis, and emotional distress. Engagement with staff and young people provided assurance of the staffs shared commitment to and delivery of compassionate, strengths-based, and young person-centred care, with a focus on promoting safety, wellbeing, and positive outcomes.

Young people appeared relaxed and comfortable within the service and engaged positively with staff. They stated that they were included in decision-making about their care and described staff as responsive to their needs, wishes and feelings.

Six new areas of improvement were identified in respect of; young people's health and wellbeing plans, recruitment practices, staff training, fire safety arrangements, restrictive practices, and behaviour management.

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 young people, staff and the management team during the course of the inspection. Post inspection, this feedback was provided to the senior management team.

Young people reported having positive relationships with staff and feeling well cared for. They confirmed that staff involved them in decisions regarding their care, supported them to maintain family and community connections, and encouraged them to achieve their goals and develop independence. They felt comfortable raising concerns and were confident that staff responded

appropriately to their individual needs and circumstances. Some concerns were raised regarding the amenities available within the home, which were passed to the management team, who advised that these would be reviewed and addressed.

Feedback from staff was positive regarding the support provided by the management team, team morale, and the quality of care delivered to young people. Staff described positive relationships with young people and reported working collaboratively to provide responsive, effective, and person-centred care. They identified effective communication systems within the team and with other multi-disciplinary professionals, which supports the staffs delivery of day-to-day care, safety, and young people's wellbeing. Staff also confirmed they have access to both formal and informal support, including regular supervision. Staff were aware of the organisation's whistleblowing policy and felt confident using it if required.

The management team shared the home has continued to care for young people with a range of diverse and complex needs, who have experienced periods of crisis and stress. Assurance was provided that staff were focused on ensuring young people's safety, wellbeing and supporting them to achieve positive outcomes. They also highlighted a clear commitment, in particular, to supporting young people to engage in education and training opportunities, which were recognised as key elements in promoting personal development, independence, and future aspirations.

The manager identified ongoing challenges accessing psychological services for staff to support young people, however plans were in place to address this gap and to support staff going forward.

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

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 (Medicines Management) on 21 November 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Appendix 1, Standard 3 **Stated:** First time	The registered person shall ensure that the room temperature of the medicine storage area is monitored daily and maintained at a maximum of 25ºC. Ref: 3.3.2	**Not met**

To be completed by: 21 November 2025	**Action taken as confirmed during the inspection**: Discussion with the manager and a review of available records identified that the home had not implemented an effective system to ensure room temperature checks were completed daily as required. The manager acknowledged this finding and provided assurance that immediate action would be taken to address the matter. This would include the implementation of robust recording and auditing arrangements to ensure room temperature checks are completed and monitored as required. This area for improvement was not met and is stated for a second time.	
Area for improvement 2 **Ref:** Appendix 1, Standard 4 **Stated:** First time **To be completed by:** 21 November 2025	The registered person shall review the management of controlled drugs to ensure that the receipt, administration and disposal of Schedule 2 and 3 controlled drugs are maintained in a controlled drug record book and that stock balances are reconciled at each shift change by two staff members. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**

5.2 Inspection findings

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

The management and staff team demonstrated a strong commitment to supporting young people's engagement in education, participation in social and community-based activities, and involvement in decisions relating to their care and support. This ethos was apparent in the positive structures and routines in place within the home that supported the day to day care and of the young people.

The home was in the process of embedding the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC). This framework provides a structured and consistent approach to

meeting the assessed needs of young people through therapeutic, person-centred care planning.

Under this framework, individualised health and wellbeing plans provide staff with clear and comprehensive guidance in relation to each young person's care preferences, assessed needs, identified risks, and the interventions required to inform and support day-to-day care practice.

While comprehensive information regarding young people's individual and multifaceted needs was available to guide and inform staff, assurance was not available to confirm individualised health and wellbeing care plans were consistently completed, reviewed, and updated in a timely manner after statutory Looked After Children reviews or following changes in risk, needs and circumstances. These gaps have the potential to compromise the quality and consistency of individual care delivery and safety planning provided on a day-to-day basis. An area for improvement was identified.

Sampling of paper copies of young people's care records found these to be incomplete and information was difficult to access. Advice was given that if staff use paper records to guide young people's care, they must be current and all information should be accessible. The manager advised these files were generally well maintained and accessible, however acknowledged the feedback given and agreed to ensure the use and accuracy of paper records is reviewed.

Review of incident records and discussion with the management team provided assurance that staff took timely and appropriate action to manage and reduce risks to young people in accordance with assessed needs, risk assessments, and safety plans. Records inspected provided evidence of appropriate escalation, notification, and debrief processes following incidents.

Sampling of care records provided assurance that comprehensive risk management arrangements, including risk assessments, individual crisis support plans, and safety plans, were in place to support staff to provide the right care at the right time. Records were detailed, regularly reviewed, and reflected changing risks and needs, with evidence of young people's involvement in risk assessment and safety planning.

Daily records reflected young people's lived experiences and contained their views, wishes, and interests informed day-to-day care. Assurance was provided that care delivery was informed by multidisciplinary working and delivered in a responsive and compassionate manner, with a clear commitment to promoting young people's access to a range of activities, services, and supports. Staff demonstrated a good understanding of young people's individual needs, preferred care approaches, and agreed strategies to promote their safety, wellbeing, and positive outcomes.

A therapeutic and well-coordinated approach to transition planning is essential to identify and respond to the individual needs and risks of young people, address barriers to successful reintegration, and ensure continuity of care and support. Effective transition planning should also consider the needs and wellbeing of other young people living in the home, promoting stability, safety, and positive relationships. Such arrangements support young people's sense of safety, belonging, and emotional wellbeing during periods of significant change and transition.

Discussion with the management team and a review of care documentation raised concerns that robust transition planning arrangements were not consistently in place for young people moving out of the home into an independent placement or returning to the home following periods in alternative placements, including secure accommodation. Evidence inspected did not provide assurance the potential impact of such transitions on other young people living in the home was subject to a robust assessment or review with new actions clearly documented to inform and guide staff.

These concerns were raised with a member of the senior management team, who advised that robust transition planning arrangements were in place and they outlined the multidisciplinary approach used to support decision-making and guide staff practice. They did however acknowledge the concerns identified and agreed to review the information available to staff and discuss the matter further with the management team to ensure that transition arrangements were documented and effectively communicated, progress in this area will be reviewed through future inspection activity.

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

Recruitment records were not available to evidence that necessary pre-employment checks were in place in relation to the recruitment of agency staff. The manager of each registered service should ensure staff recruitment is compliant with The Children's Homes Regulations (Northern Ireland) 2005. Arrangements must be in place to provide assurance the necessary checks have been completed, which should be available for review on inspection. An area for improvement was identified.

Discussion with the manager and sampling of the rota confirmed that staffing levels were consistent with the staffing model and reflective of the assessed needs of the young people. The responsive staffing arrangements in place are essential to safeguard and promote the health and wellbeing of the young people and ensure adherence to safety plans. The manager advised that additional core staff were due to join the team and was confident this would further strengthen care and service delivery.

Staff had access to regular supervision however, the arrangements involved members of the management team rather than an identified supervisor supervising staff interchangeably. This arrangement raised concerns regarding the consistency of support available to staff. These concerns were shared with the senior management team and advice was given for them to consider assigning each staff member a designated supervisor to provide consistent oversight and support in relation to their professional development, thereby reducing potential variation in staff experience and promoting continuity in staff development. The management team agreed to review current supervision arrangements and progress in this area will be reviewed through future inspection activity.

The staff training records should be maintained and readily accessible at all times to the management team to ensure that staffing decisions are informed by up to date information regarding staffs competencies, training, and development needs, thereby supporting the safe delivery of care in the home. Advice was given to the manager in this regard, progress in this area will be reviewed during future inspection activity.

The staff training record confirmed that staff had completed mandatory training required to carry out their roles safely and effectively. However, in relation to staffs competence to respond to

young people's risks evidence of full compliance with ligature cutter training was not in place. While no ligature risks were identified during the inspection, it was considered likely the risk profile would change over time and provision of this this training would ensure staff could deliver the right care at the right time. Therefore, advice was given to the management team to ensure this position is reviewed and an area for improvement was identified.

A review of team meeting minutes confirmed that meetings were held regularly and provided a forum for staff to share information, reflect on practice, and support the consistent delivery of trauma-informed, compassionate, safe, and effective care.

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

The young people's Personal Emergency Evacuation Plans (PEEP's) provided evidence of proactive planning for staff to follow if an evacuation of the home is required. In contrast, review of fire safety records and arrangements raised concerns in relation to the fire risk assessment, completed on 1 December 2025. The action plan; had not been responded to by the management team, including one action that required immediate action. The manager acknowledged the gaps and agreed to progress all matters as a matter of priority. An area for improvement was identified.

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

A review of the complaints and compliments records assured that effective systems were in place to record, review and appropriately respond to complaints.

Discussion with the management team confirmed that robust arrangements were not in place to record, monitor, and review the use of restrictive practices within the home. This limited assurance that restrictive practices were clearly documented, supported by an appropriate rationale, implemented as the least restrictive intervention, and subject to regular multi-disciplinary review, which ensures any use of restrictive practices is necessary, proportionate, and that practice is underpinned by a rights-based approach. The management team agreed to review practice, an area for improvement was identified.

Discussion with the management team and a review of records relating to consequences and sanctions within the home identified that effective systems were not in place to consistently record, monitor, and evaluate the use, effectiveness and impact of these in the home. Assurance should be available that sanctions used are implemented to support young people living in the home to develop age appropriate behaviour. Sanctions are reviewed to ensure they are proportionate and target the risk or concern. Finally, they align to individual young peoples assessed needs and support positive outcomes for young people. 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	3	5*

* the total number of areas for improvement includes one that is stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 25 & Schedule 2 **Stated:** First time **To be completed by:** 30 October 2026	The registered person shall ensure that robust recruitment processes and procedures are in place and that the manager maintains effective oversight of all staff recruitment within the home. Evidence must be available that any staff member employed in the home has been subject to robust and safe recruitment practices. Ref: 5.2.2
	Response by registered person detailing the actions taken: For each agency staff member, an orientation and manager checklist is in place to ensure a member of the management team has had sight of required documenttaion. A letter is also sent to the agency requesting the specific information required prior to the agency member commencing employment. As an additional layer of assurance, the Directorate hold an agency tracker database, which is subject to audit and review.
Area for improvement 2 **Ref:** Regulation 31 **Stated:** First time	The registered person shall ensure that:- - the fire risk assessment is subject to regular review including when there are changes to the premises, occupancy, or identified risks.

To be completed by:	- Actions arising from the fire risk assessment must be addressed promptly, with an action plan maintained to evidence management of risks and ongoing compliance. Ref: 5.2.3
	Response by registered person detailing the actions taken: **There are a number of issue arising from the Fire Risk Assessment that are part of a wider organisational programme of assessment and works. This will be reflected and updated as required in the Fire Risk Assessment action plan. In the interim, staff vigilance is required and this will be discussed in Team meetings and any specific issues noted in handovers.**
Area for improvement 3 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** 30 October 2026	The registered person shall ensure robust processes are in place for the implementation and review of all restrictive practices. Records should clearly evidence that restrictive practices are: - implemented on the basis of individual young peoples assessed needs or risks - the least restrictive option and all other options have been exhausted - agreed with the multi-disciplinary team, the child and/or their representative as appropriate, - subject to regular review, which provides evidence of the effectiveness of the practice, the outcomes achieved and the impact on the child. - includes a reduction plan where appropriate. Ref: 5.2.4
	Response by registered person detailing the actions taken: A restrictive practice folder is now in place detailing restrictive practices in place, rationale for why this is required in line with the identified risk and proportionality. All restrictive practices are subject to regular review within multi-disciplinary forums and dates of these reviews are recorded on the restrictive practice form. A service level Restrictive Practice Register has also been developed and is reviewed by management and senior management at the monthly reflective governance meetings.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	

Area for improvement 1 **Ref:** Appendix 1, Standard 3 **Stated:** Second time **To be completed by:** 30 October 2026	The registered person shall ensure that the room temperature of the medicine storage area is monitored daily and maintained at a maximum of 25ºC. Ref: 5.1.
	Response by registered person detailing the actions taken: Following on from the RQIA Pharmacy Inspection in November 2025, a thermometer was placed in the medication storage room. This thermometer has been effective from 04.01.26 and a recording audit sheet is in place. To mitigate gaps in recording of the temperature daily, this will be included as part of the daily medication handover sheet. As an additional layer of assurance, a review of the temperature recording sheet should be included in the monthly medication audit and overseen by management.
Area for improvement 2 **Ref:** Appendix 1, Standard 4 **Stated:** First time **To be completed by:** 21 November 2025	The registered person shall review the management of controlled drugs to ensure that the receipt, administration and disposal of Schedule 2 and 3 controlled drugs are maintained in a controlled drug record book and that stock balances are reconciled at each shift change by two staff members. Ref: 5.1.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 30 October 2026	The registered person shall put in place arrangements that improve the completion of the FITC health and wellbeing plan for young people living in the home. These plans should be subject to review and updated where required to reflect any changes. Ref: 5.2.1
	Response by registered person detailing the actions taken: **A date has been arranged for 26.10.26 for the FITC Lead practitioner to attend the Home and review and support the Health and Well-Being planning process.** **The FITC practitioner will provide increased support to the team over the next three months to ensure all plans have been updated and the process to update is embedded in the team.**

Area for improvement 4 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 30 October 2026	The registered person shall ensure staff completed ligature cutter training. Ref: 5.2.2
	Response by registered person detailing the actions taken: **All staff who require this training have been booked on upcoming training on 09.11.26 for initial training and refresher training.**
Area for improvement 5 **Ref:** Standard 3 **Stated:** First time **To be completed by:** 30 October 2026	The registered person shall ensure that young people understand when and why sanctions or consequences may be used in the home. Robust records and governance systems are in place, which provide evidence that there is a proportionate, consistent approach in using sanctions and consequences to support young people to develop age appropriate behaviour and make positive and safe life choices. Records should evidence a robust quality assurance approach is implemented by the management team which assures the effectiveness of sanctions and consequences has been reviewed and learning is used to inform future practice. Ref: 5.2.4
	Response by registered person detailing the actions taken: Young people are supported through direct work, LSIs and behaviour support conversations to support young people to develop age appropriate behaviour and make positive and safe life choices. The management team in the home will review the current documentation (including management oversight and audit mechanisms) to ensure it is reflective of the work undertaken.

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