The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050401

03 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:** – Insert which Trust area Western 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 3 June 2026 between 10.00 a.m. and 5.30 p.m. Two care inspectors conducted the inspection. The inspection concluded on 17 June 2026 following submission of additional information post inspection.

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.

Eleven areas for improvement resulted from the last care inspection on 7 October 2025. Four of which, relating to behaviour management, solar panel installation, and staff training had been addressed. The area for improvement relating to medication recording was not reviewed and has been carried forward to the next inspection.

Five areas for improvement relating to fire safety, care records, the home environment, and training aligned to the home's categories of care were unmet and will be restated for a second time. An area for improvement related to handover records has been stated for a third time.

Three new areas for improvement in relation to food provision, recruitment and ligature cutter training were identified.

These findings raised concerns about the limited improvement made across a number of areas.

RQIA therefore invited the provider's senior representatives to an Enhanced Feedback Meeting on 27 July 2026 to address the concerns identified. At this meeting, Trust representatives provided a detailed account of the actions taken since the inspection and further actions that were planned to drive the necessary improvements within this service.

RQIA were assured that the senior management team were cited on the concerns identified and had a robust plan to drive improvement in all areas identified. This is discussed in further detail in the main body of the report.

RQIA will monitor progress as part of future inspection activity.

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 also 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 questionnaires and an electronic survey.

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 inspectors spoke with young people, staff and the management team.

Young people were positive about the care and support provided by staff and confirmed that they were encouraged to participate in activities and outings that reflected their individual interests. They reported feeling comfortable raising concerns with staff, felt listened to, and were involved in day-to-day decisions about their care and lived experience within the home. Young people were aware of the complaints process and were confident that any concerns raised would be considered and responded to.

Some young people however, expressed dissatisfaction with the variety of food available and advised that they were not routinely involved in menu planning.

Staff reported feeling well supported by both their colleagues and the management team, with regular supervision, induction, and ongoing guidance available to help them in their roles. There was a strong commitment across the staff team to working alongside young people and ensure their participation in all aspects of their care and support. Staff confirmed the management team provided effective leadership and support, assisting them to meet the individual needs of young people, including during periods of transition and other challenging times in their lives. Feedback indicated a positive and open culture that promoted learning, reflection, and mutual support.

Staff expressed some concerns that night-time staffing levels were insufficient to meet the needs young people and manage potential risks. This information was shared with the management team who offered assurance in respect of staffing arrangements in the home. They did accept this feedback and agreed to consider this matter further with staff.

The management team spoke at length about the team's commitment to ensuring young people have access to the supports and services needed to enable them to thrive; including the drive to support young people achieve optimal educational outcomes.

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 07 October 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 fire risk assessment is regularly reviewed, including whenever there are changes to the premises, occupancy, or identified risks. Any actions arising from the assessment must be addressed promptly, with an up to date action plan maintained to evidence completion and ongoing compliance.	**Not met**
	Action taken as confirmed during the inspection: This area of improvement was not met and will be stated for second time. This is further referenced within section 5.2.3.	
Area for improvement 2 **Ref:** Regulation 12 (1) **Stated:** First time	The registered person shall ensure that each young person has an individual residential care plan, which clearly identifies their assessed needs, day-to-day care arrangements, and the actions required to	**Not met**

	support young people to achieve their goals. The care plans should be subject to review and updated where required to reflect any changes, ensuring care is planned and delivered in line with young people's assessed need.	
	Action taken as confirmed during the inspection: This area of improvement was not met and will be stated for second time. This is further referenced within section 5.2.1.	
Area for improvement 3 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure that all sanctions or consequences implemented within the home are in line with Volume 4 of the Children Order Guidance, Regulations and minimum standards. Robust governance systems should be in place to ensure that the home adopts a proportionate, consistent approach in managing behaviour. Records should be maintained that evidence quality assurance by the management team and that the effectiveness of sanctions and consequences has been reviewed and learning used to inform future practice.	**Met**
	Action taken as confirmed during the inspection: A review of sanctions and consequences records identified effective governance systems were in place to ensure that the home was adopting a proportionate, consistent approach to managing behaviour, with a clear focus on interventions effectiveness and positive behavioural change.	
Area for improvement 4 **Ref:** Regulation 37 (h) **Stated:** First time **To be completed by:**	The registered person shall ensure that RQIA are notified of the change to the premises, following the installation of solar panels in the home, by way of an application to vary the registration. This application must include the required estates documentation.	**Met**

	Action required as confirmed during the inspection: The Trust submitted the required variation application, which was subsequently approved by RQIA.	
Area for improvement 5 **Ref:** Regulation 4 **Stated:** First time	The registered person shall ensure that staff have the knowledge, skills and training required to meet the needs of young people in line with registered categories of care. Where a category of care is included on the registration certificate and Statement of Purpose, a training framework must be in place to support staff skill, knowledge and competence. Alternatively, the provider should submit a variation to remove the category of care if determined, the service will no longer provide for this category of care.	**Not met**
	Action required as confirmed during the inspection: This area of improvement was not met and will be stated for second time. This is further referenced within section 5.2.4.	
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 2 **Stated:** Second time	The responsible person shall ensure that medicine related records; including personal medication records and medicine administration records are fully and accurately completed.	**Carried forward to the next inspection**
	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.	
Area for improvement 2 **Ref:** Standard 18 **Stated:** Second time	The responsible person shall ensure that handover records are sufficiently improved to: - identify who provided the handover and who received it - reflect proactive planning, day to day risk management arrangements and a co-ordinated approach to meeting	

	the needs of the young people for the day ahead.	**Not met**
	Action required as confirmed during the inspection: This area of improvement was not met and will be stated for third time. This is further referenced within section 5.2.1.	
Area for improvement 3 **Ref:** Standard 17 **Stated:** Second time	The registered person shall improve the governance arrangements in place to monitor and review compliance with staff training and ensure evidence of the implementation of responsive training plans to address staff training needs is in place and monitored.	**Met**
	Action required as confirmed during the inspection: Evidence available provided assurance that effective governance arrangements were in respect of staff training. Feedback was provided to ensure robust training compliance for sessional staff also. This is referenced further in section 5.2.2	
Area for improvement 4 **Ref:** Standard 16 **Stated:** First time	The registered person shall ensure that robust audit and quality assurance arrangements are in place to monitor the accuracy, completeness and consistency of all care planning and risk management documentation. An action plan and regular review process should be developed which addresses any deficits or concerns regarding quality and inconsistency of recording.	**Partially met**
	Action required as confirmed during the inspection: This area of improvement was partially met and will be stated for second time. This is further referenced within section 5.2.4**.**	
Area for improvement 5 **Ref:** Standard 17.11 **Stated:** First time	The registered person shall ensure staff are equipped with the skills and training required to meet the needs of the young people and have undertaken the required mandatory training.	**Met**

	Action required as confirmed during the inspection: A review of staff training highlighted good compliance with mandatory training for core staff. This is further referenced in section 5.2.2.	
Area for improvement 6 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure that a condition survey of the young people's ensuite bathrooms facilities is undertaken, with a plan of works identified if required. Young people should be consulted as part of this review.	**Not met**
	Action required as confirmed during the inspection: This area of improvement was not met and will be stated for second time. This is further referenced within section 5.2.3.	

5.2 Inspection findings

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

Staff and young people were observed interacting positively, with staff responding sensitively to young people's needs and requests. Interactions were warm, respectful, and nurturing, reflecting a supportive culture within the home. Discussions with the management showed a strong commitment to collaborative working with young people, families, and professionals to promote positive outcomes and help young people thrive.

Staffing levels were consistent with the home's staffing model, informed by the assessed needs of young people and were increased if needed. The manager advised that experienced, sessional staff were utilised when required to maintain appropriate staffing levels and ensure continuity of care and support for young people.

Residential care plans support the delivery of co-ordinated and individualised care, providing staff with clear guidance on how each young person wishes to be cared for, their individual needs, and any identified risks to be considered.

Young peoples' care records highlighted that that those young people not included in the Framework for Integrated Therapeutic Care (NIFITC) continued to be cared for without a residential care plan. Instead, staff referred to the Trust Care plan to inform the young people's day-to-day care. The management team said that young people were receiving individualised

care and support, with keyworkers reviewing identified needs and risks on a monthly basis, and more frequently, where changes in circumstances or levels of risk required this. To ensure safe and consistent care, each young person must have an individual residential care plan which clearly identifies their assessed needs, day-to-day care arrangements, and the actions required to support them to achieve their goals. This area for improvement was identified for a second time.

Care was delivered in a responsive and compassionate manner and was informed by regular multi-disciplinary working. Robust safety and risk management plans were in place, providing staff with clear guidance to support young people during periods of crisis and heightened risk.

A review of a sample of handover records identified ongoing concerns regarding the quality and completeness of these records. Handover documentation was not consistently completed. Significant gaps in recording meant that evidence of handovers having taken place was not always available, including during periods of significant incident activity. These concerns had previously resulted in an area for improvement following a care inspection in 25 May 2024, and was subsequently stated for a second time following an inspection on 7 October 2025 when the required improvements had not been made. The continued shortfalls in handover recording provided limited assurance regarding the effectiveness of communication and information sharing between staff. This area for improvement was identified for a third time and must be addressed.

The lack of progress made regarding this area for improvement, was discussed with senior Provider Representatives during an Enhanced Feedback Meeting on 27 July 2026. During this meeting, Trust representatives advised of actions that have been taken and actions that were planned to achieve compliance with the standards. This included a review of the handover recording template and further engagement with the staff team.

5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

A review of team meeting minutes confirmed that meetings were held on a regular basis and addressed operational matters, staffing arrangements, and the needs of young people. The meetings provided oversight of care practices and supported the delivery of trauma-informed, compassionate, safe, and effective care. The management team used meetings to address practice issues, support staff development and wellbeing, and provide staff with opportunities to contribute their views and inform service delivery.

Staff had been accessing and completing the mandatory training required to carry out their roles and responsibilities safely and effectively. The management team was advised to ensure that sessional staff also achieve and maintain compliance with mandatory training requirements.

After the inspection, it was identified that there was a need for all staff to complete training in relation to ligature risks. The management team has agreed ensure that all staff have completed this training. An area for improvement was identified.

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

The home environment was welcoming, comfortable, and homely, providing young people with access to ample communal living spaces and outdoor areas that supported relaxation, social interaction, and positive engagement with others.

Efforts had been made to ensure young people were afforded opportunities to contribute to decisions affecting their lived experience within the home. However, house meetings were not held consistently and records did not always demonstrate that issues raised by young people were progressed or that outcomes were communicated. Feedback was provided to the management team who agreed to look at additional strategies to strengthen arrangements for young people's participation and consultation. Progress in this area will be monitored through future inspection activity.

A Fire Risk Assessment had been completed on 3 December 2025. The resulting action plan had not been fully implemented, including actions identified as high and moderate risk. A number of actions had been outstanding over a prolonged period and had previously been identified as requiring capital work to address.

Concerns regarding fire safety arrangements had been previously raised by RQIA with senior provider representatives during an Enhanced Feedback Meeting on 4 November 2025, when assurance was provided by the Trust that the identified matters would be addressed. These concerns, the limited progress made to address them, and the risks to young people in relation to fire safety were discussed again with Trust representatives during a feedback meeting on 27 July 2026. At this meeting, Trust representatives advised that the Trust would progress these matters without delay. They outlined in detail the actions already implemented, and those planned, to support the home return to compliance. The area for improvement in relation to fire safety has been stated for a second time.

The wear and tear identified within young people's en-suite bathroom facilities during the previous care inspection on 7 October 2025 remained unaddressed. The management team confirmed that no clear timescales had been established for the completion of the remedial works identified as necessary. Furthermore, young people's views regarding the condition of the en-suite facilities had not been sought. The management team agreed to follow up with young people, post inspection, and advised that they would be consulted regarding any future improvements to these areas.

The lack of progress with regards this matter was also discussed with provider representatives during the Enhanced Feedback Meeting on 27 July 2026. Trust representatives shared some of the challenges experienced addressing this matter and advised of action taken, and planned, to improve the living environment for young people.

The area for improvement in relation to bathroom facilities has been stated for a second time.

Staff confirmed that young people were consulted regarding menu planning and food preferences and menu records were maintained. Despite this, feedback from some young people indicated mixed views about the variety of food available. They also drew the inspector's attention to food that had been out of date for a few days. The service is currently without a full time cook and care staff were taking on additional responsibilities to cover this vacant position. These matters were discussed with the management team who advised that a varied menu was available and that young people contributed to this. They accepted the feedback given and gave assurance that food dates would be regularly checked and agreed to

discuss food arrangements further with young people to improve the choice and variety of food. An area for improvement was identified.

The issues raised in respect of food choices and menu planning was discussed with provider representatives during the Enhanced Feedback Meeting on 20 July 2026. Trust representatives said that staff involved in food provision were appropriately trained and competent, and that any identified training needs had been addressed. They further advised that effective quality and safety monitoring arrangements were in place to support safe food storage and that young people's views on the quality and variety of meals were routinely sought and used to inform service improvements. Trust representatives also acknowledged the challenges they had been experiencing recruiting to the vacant cook post and offered assurance that plans were in place to address these.

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

Effective leadership and governance are fundamental to ensuring that young people in care receive safe, effective, and high-quality care. They provide oversight of service delivery, safeguarding arrangements, staffing, and risk management, support the identification and resolution of areas requiring improvement, and help ensure that positive outcomes are achieved for young people.

Robust arrangements were not in place to audit and quality assure care and risk documentation. There was no consistent approach to reviewing documentation. The auditing arrangements did not support managerial oversight and the service's ability to identify and address areas that required improvement. This limited the effectiveness of quality assurance processes in supporting the delivery of safe and effective care. This area for improved has been stated for a second time.

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

Recruitment records were not available to evidence that necessary pre-employment checks were in place in relation to the recruitment of core or sessional staff. The management team reported that the human resources department within the organisation undertake this role. The manager of each registered service is ultimately responsible for staff recruitment, which must comply with The Children's Homes Regulations (Northern Ireland) 2005. Arrangements must be in place to ensure these records are available for inspection. An area for improvement was identified.

It is essential that staff possess the appropriate knowledge, skills and specialised training to enable them to meet the complex and diverse needs of young people. There was limited progress in reviewing training needs and implementing a structured training programme aligned with the service's Statement of Purpose and the categories of care for which the service is registered, as identified at the last care inspection on 7 October 2025. This matter was discussed with the management team, who advised that training had been arranged for September 2026. They further advised that, when young people are admitted to the home, consultation with relevant multi-disciplinary professionals is undertaken to ensure their individual needs are appropriately identified and catered for.

However, the absence of a robust training plan to ensure staff possess the necessary knowledge and skills to meet young people's needs may compromise the quality of care and safeguarding arrangements in place, particularly for young people with specific or complex needs. This area for improvement was not met and has been identified for a second time.

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*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with person 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 31 **Stated:** Second time **To be completed by:** 30 September 2026	The registered person shall ensure that the fire risk assessment is regularly reviewed, including whenever there are changes to the premises, occupancy, or identified risks. Any actions arising from the assessment must be addressed promptly, with an up to date action plan maintained to evidence completion and ongoing compliance. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered manager will regularly review the Fire Risk Assessment and include whenever there are any changes to the premises, occupancy or any identified risks and address any actions arising in a prompt and timely manner to include an up to date action plan which will evidence the completion of any works within the action plan and demonstrate ongoing compliance. With regards to the young people's smoking habits a children's meeting was had to address this and individual conversations are had with the young people should any concerns arise in relation to smoking in or around the premises. The registered manager is in regular contact with Estates in relation to Minor

	Capital works and site visits were had on 30th of August and the 24th of September to finalise these details, it is anticipated that work will commence before the end of 2026, a date is to be confirmed and young people have been consulted with regards to colours and decoration of their bathrooms. Annual Portable Appliance Testing was carried out on 7th of May 2026. Replacement doors were requested on 10th of December, 31st of December and were completed. Issues in relation to the breaches in the compartment wall in the roof space are being addressed as part of the overall Minor Capital Works process and were discussed with Estates services on site visits on 30th of August and 24th of September.
Area for improvement 2 **Ref:** Regulation 12 (1) **Stated:** Second time **To be completed by:** 30 November 2026	The registered person shall ensure that each young person has an individual residential care plan which clearly identifies their assessed needs, day-to-day care arrangements, and the actions required to support young people to achieve their goals. The care plans should be subject to review and updated where required to reflect any changes, ensuring care is planned and delivered in line with young people's assessed need. Ref: 5.2.1.
	Response by registered person detailing the actions taken: The registered manager will ensure that Key Workers have compiled an individual residential care plan for each young person which clearly identifies their assessed needs, day to day care arrangements and the actions required to support the young people to achieve their goals. These individual residential care plans will be regularly reviewed at Care Planning and updated to reflect any changes and ensure that the young people's care is planned and delivered in line with the young people's assessed need.
Area for improvement 3 **Ref:** Regulation 4 **Stated:** Second time **To be completed by:**	The registered person shall ensure that staff have the knowledge, skills and training required to meet the needs of young people in line with registered categories of care. Where a category of care is included on the registration certificate and Statement of Purpose, a training framework must be in place to support staff skill, knowledge and competence. Alternatively, the provider should submit a variation to remove the category

30 November 2026	of care if determined, the service will no longer provide for this category of care. Ref: 5.2.4.
	Response by registered person detailing the actions taken: The registered manager has liaised with the training team to avail of appropriate training required to meet the needs of the young people in line with registered categories of care and ensuring that the staff have the knowledge, skills and training to meet the various ongoing needs of the young people, it is anticipated that this training will be delivered 11th of November 2026. Further training in Ligature cutter training took place on 26th of September 2026 with 9 staff members being able to attend. A training framework is in place to support staff skills, knowledge and competence.
Area for improvement 4 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 30 November 2026	The registered person shall ensure there is a robust process and procedure in place that ensures that the manager has effective oversight of all staff recruitment. This process and procedure should ensure that evidence is available at all times that demonstrates that any staff employed in the home have been subject to robust and safe recruitment practices. This evidence should be available to review on inspection. Ref: 5.2.4.
	Response by registered person detailing the actions taken: The registered manager has liaised with HR to ensure that they have evidence of the appropriate pre employment checks during the recruitment process of existing and future staff members and has requested a Certificate of Employment Elegibility (version 5 2013) which upon receiving will be available to be reviewed during future inspections. The registered manager will ensure that they have evidence of the appropriate pre employment checks for any Agency staff which will be available to be reviewed during future inspections.
Area for improvement 5 **Ref:** Regulation 13 **Stated:** First time **To be completed by:** 30 September 2026	The registered person shall ensure :- - menu records are being maintained - young people are consulted regarding menu planning and food preferences. - effective quality and safety monitoring systems are in place to ensure food is stored safely, expiry dates are routinely checked. Ref 5.2.3.

	Response by registered person detailing the actions taken: The registered manager has ensured that menu records are being maintained and that young people are being consulted regarding menu planning and food preferences. A menu board has been placed in the kitchen and the young are encouraged to write on this to advise of food preferences. The registered manager will ensure that there is effective quality and safety monitoring systems in place in the form of a Food Hygiene Management folder to ensure food is safely stored with expiry dates routinely checked, in addition, this will include the thoughts and feedback from the young people in relation to food options. Food Hygiene training has been booked for staff for the 14th of October and 10th of November.
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 2 **Stated:** Second time **To be completed by:** Ongoing from the date of inspection (22 May 2024)	The responsible person shall ensure that medicine related records; including personal medication records and medicine administration records are fully and accurately completed. Ref: 5.1.
	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.
Area for improvement 2 **Ref:** Standard 18 **Stated:** Third time **To be completed by:** 30 September 2026	The responsible person shall ensure that handover records are sufficiently improved to: - identify who provided the handover and who received it - reflect proactive planning, day to day risk management arrangements and a co-ordinated approach to meeting the needs of the young people for the day ahead. Ref: 5.2.1.
	Response by registered person detailing the actions taken: The registered manager has devised an improved handover record which identifies who has given and received the handover, the handover will reflect proactive planning and day

	to day risk management arrangements of the young people to co-ordinate approaches for the planned day ahead. The handover record is monitored and reviewed weekly by management to ensure it is completed to a high standard.
Area for improvement 3 **Ref:** Standard 16 **Stated:** Second time **To be completed by:** 30 September 2026	The registered person shall ensure that robust audit and quality assurance arrangements are in place to monitor the accuracy, completeness and consistency of all care planning and risk management documentation. An action plan and regular review process should be developed which addresses any deficits or concerns regarding quality and inconsistency of recording. Ref: 5.2.4.
	Response by registered person detailing the actions taken: The registered manager has ensured a robust audit and quality assurances arrangements are in place which monitor the young people's files ensuring accuracy, completeness and consistency of all care planning and risk management documentation, these audits will be completed monthly and discussed with Key Workers in order to address any deficits or concerns regarding quality and any inconsistencies of recordings.
Area for improvement 4 **Ref:** Standard 11 **Stated** Second time **To be completed by:** 30 November 2026	The registered person shall ensure that a condition survey of the young people's ensuite bathrooms facilities is undertaken, with a plan of works identified if required. Young people should be consulted as part of this review. Ref 5.2.3.
	Response by registered person detailing the actions taken: The registered manager has ensured that a condition survey has been completed of the young people's ensuite bathrooms, the plan of works has been identified, the young people have and will be continued to be consulted throughout this process. Surveys have been completed and site visits were carried out on 30th of August and 24th of September 2026 to finalise plans, the Business case has been approved and there is a plan for work to begin before the end of 2026.
Area for improvement 5 **Ref:** Standard 17 **Stated:** First time **To be completed by:**	The registered person shall ensure care staff complete ligature cutter training. Ref 5.2.2.

30 September 2026	**Action required as confirmed during the inspection:** The registered manager had identified a date for ligature cutter training, this date had been brought forward and training in this area has been delivered on 26th of September 2026, 9 staff members were able to attend this training.

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