The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050469

28 May 2026 and 9 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:** Not registered

Brief description of how the service operates:

This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023).

The children and young people living in this home have been assessed as having intellectual disability and in need of medium to long term 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 28 May 2026 between 09.30 a.m. and 05.30 p.m. The inspection was conducted by a care inspector. The inspection concluded on 9 June 2026 following submission of additional information 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. One area for improvement related to young people's care planning documentation was reviewed and assessed as met.

Evidence was not available to provide assurance that robust arrangements were in place to; support staff induction to the home, ensure completion of required training to meet the needs of the young people, and provide supervision to staff. In addition, concerns were identified in relation to fire safety.

These concerns were discussed with the provider's representatives during an Enhanced Feedback meeting on 18 June 2026. At this meeting, RQIA were provided with assurance that the senior management team were cited on the concerns identified during the inspection, and action had been taken to drive forward the necessary improvements. 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 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. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the manager/person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with staff and the manager.

Young people who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings and engaged well with staff.

Feedback provided a positive view regarding the quality of support available from the manager to the staff team.

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

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 March 2026		
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 registered person shall ensure that all care planning documentation is subject to version control and is clearly dated to reflect when updates have been made. This is to ensure that all staff, including temporary and bank staff, can reliably access the most current and relevant information in relation to the young person's care.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	

5.2 Inspection findings

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

A sample of young people's care records, including 'All About Me' profiles, risk assessments and restrictive practice records, was reviewed. Documentation was well organised, up to date and reflective of the young people's assessed needs, strengths and individual circumstances. Records also demonstrated staff worked in partnership with relatives, carers and the wider multidisciplinary team with the aim to deliver consistent, safe and young person-centred care.

The current approach to care planning would benefit however from further development to better reflect the current model of care and operation of the home. While records captured young people's assessed needs, greater emphasis is required on outcome-focused planning, with clear objectives, measurable goals and defined actions to support young people's progress, development and long-term aspirations. This would help ensure that care plans provide a meaningful framework for guiding care, monitoring progress and evidencing outcomes over time. Advice was given in this regard and progress in this area will be reviewed during future inspection activity.

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

Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of young people and ensure adherence to care plans, risk assessments and Positive Behaviour Support (PBS) plans. The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people and a sample of staff rotas confirmed that these levels were maintained.

There were a number of vacancies within the staff team. However, discussions with the manager provided assurance the provider was actively recruiting to these posts. In the interim, staffing levels were maintained through the use of consistent bank and agency staff, with the aim to promote continuity and consistency of care for the young people. Progress in this area will be monitored through future inspection activity.

Review of staff recruitment records provided assurance there were safe recruitment practices in place. In addition, arrangements were in place to monitor staffs registration with the Northern Ireland Social Care Council (NISCC).

Records were not available to provide assurance there were robust arrangements in place with respect to staff induction. A robust induction programme supports staff to understand the home's policies and procedures, their roles and responsibilities, risk management arrangements and the individual needs of the young people in their care. In addition, records did not provide assurance that all staff working in the home had the necessary training to equip them with the necessary skills to meet young people's needs safely and effectively.

These concerns were discussed with the provider's representatives during an Enhanced Feedback meeting on 18 June 2026 who confirmed that staff are supported to complete an induction to the service. However they acknowledged improvements were required in relation to the governance and oversight of induction processes. Similarly, the provider's representatives confirmed that the training matrix was not up to date at the time of inspection to accurately reflect the staff team's compliance with mandatory and young person specific training.

Although the provider's representatives were able to describe the arrangements in place to support staff induction and training, insufficient oversight mechanisms limited assurance that these processes were being consistently implemented and appropriately monitored. Areas for improvement were subsequently identified in relation to staff induction and training.

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

Review of fire safety records confirmed that fire alarm checks were undertaken by staff, and a fire drill had recently been undertaken. However, evidence was not available that the Fire Risk Assessment had been reviewed since June 2024. This concern was discussed with the provider's representatives during the Enhanced Feedback meeting on 18 June 2026.

At this meeting, the provider's representatives confirmed that the assessment had since been completed and arrangements were now in place to ensure future assessments were undertaken

in accordance with the provider's policy. In addition, assurance was provided that the action plan resulting from the Fire Risk Assessment would be addressed. The Fire Risk Assessment and the associated action plan was submitted to RQIA on 19 June 2026.

Whilst assurance was provided that the assessment had been completed and that actions arising from the Fire Risk Assessment would be addressed, the inspection findings highlighted the need for strengthened governance and oversight arrangements to ensure assessments are completed within required timeframes and actions are effectively monitored to completion. An area for improvement was identified.

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

Quality and safety of care can be monitored through a range of measures, including staff team meetings, staff supervision, and complaints management for example. Together, these measures provide opportunities to monitor service performance, address concerns, share learning, and drive continuous improvement in the quality of care and outcomes for young people.

Evidence was available to provide assurance robust arrangements were in place with respect to complaints processes; with no complaints received by the home since the last inspection. Additionally, records evidenced that the home had received a number of compliments from relatives and carers regarding the quality of care provided by the service.

Sampling of records provided assurance that regular meetings were taking place, there was good staff attendance, with clear records maintained of the discussion, resultant decision making and any agreed actions. Regular team meetings support the delivery of high-quality care by providing opportunities for staff to discuss young peoples, share information, review safeguarding and risk management arrangements, and reflect on their practice. They also contribute to effective governance by enabling management oversight, monitoring of service performance, dissemination of learning, and the identification and implementation of improvements to care practices.

However, concerns were identified in relation to staff supervision. Records did not provide assurance supervision was taking place regularly, nor that there were robust governance arrangements in place to monitor compliance with the policy. Engagement with the provider's representatives during the Enhanced Feedback meeting on 18 June 2026 provided assurance action had been taken to meet with relevant staff to review their roles, responsibilities, and the requirement to engage in supervision process in accordance with policy and procedure. Notwithstanding, an area for improvement was identified.

The inspection findings and the resultant areas for improvement were indicative of weaknesses within governance arrangements within the service. There had been a change to the management arrangements within the service since the last inspection. Assurance was provided during the Enhanced Feedback meeting on 18 June 2026 by the senior management team that they were cited on the concerns identified during the inspection and that there was a robust plan in place to support the new manager and staff team during this transition phase.

Furthermore, it was agreed that reports regarding the Registered Providers visits to the home, submitted to RQIA in accordance with Regulation 32 of The Children's Homes Regulations

(Northern Ireland) 2005, would report on progress made against the identified Quality Improvement Plan (QIP).

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	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the Provider 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:** 30 June 2026	The registered person shall have in place a current risk assessment and fire management plan that is revised and actioned as necessary or whenever the fire risk has changed. Records should be maintained and be available for inspection. Ref: 5.2.3
	Response by registered person detailing the actions taken: A request was made to Estate Services on 29/05/26 and the Fire Risk Assessment & Fire Management plan was revised and actioned on 18/06/26. An updated record has been placed in the Fire file.
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 mechanisms are in place to effectively monitor staff training compliance. Ref: 5.2.

To be completed by: 31 August 2026	**Response by registered person detailing the actions taken:** The existing training matrix has been reviewed and refined to clearly identify all mandatory training requirements and provide a breakdown of staff training compliance. Clear procedures are now in place for staff to notify management when training is completed, ensuring the matrix is updated promplty and maintained as a live document. Management will routinely review the training matrix to identify any outstanding or overdue training and take appropiate action to ensure staff remain compliant with their required training.
Area for improvement 2 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure robust governance mechanisms are in place to monitor the implementation and completion of staff induction. Ref: 5.2.2
	Response by registered person detailing the actions taken: A comprehensive induction pack is provided to all new staff on commencement. Management will monitor each staff member's progress and completion of their induction during monthly team meetings and/ or individual supervision. This will include reviewing their orientation to the building, the staff team, the young people, policies and procedures, process and required training elements. Completion of each element will be recorded within the staff induction record/matrix and within indvidual staff member's supervision records. Any outstanding elements will be idenified and followed up with completion dates recorded. This will ensure that induction is implemented consistently and completed within required timescales
Area for improvement 3 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 31 August 2026	The provider shall ensure that robust governance mechanisms are in place to monitor staff supervision and provide assurance that all staff receive supervision in line with the home's supervision model. Ref: 5.2.4
	Response by registered person detailing the actions taken: All staff will receive supervision in line with the Trust's Service Area Supervision Plan, through a planned mixture of individual and group supervision. Band 6 staff will provide supervision to Band 3 staff and will escalate any concerns, identified gaps or areas requiring further support during their monthly supervision with the Registered Manager. The Registered Manager will monitor supervision compliance on a monthly basis and discuss any areas of concern,

	identified through the supervision process, during their monthly supervision with the Prinicpal Social Worker for the service. Any gaps or overdue supervision will be identified and addressed promptly, with actions recorded within individual supervision records to provide a clear audit trail and reassurance that the supervision requirements are being met. With any issues raised esclated to a senior management, with actions and outcomes recorded and monitored to ensure appropiate follow-up.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews