The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050468

08 May 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:** Not registered-application submitted
Brief description of how the service operates: The children living in this home may 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 8 May 2026 between 9.30 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with all areas for improvement identified during the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. An area for improvement in relation to the storage of medicines was not reviewed as part of this inspection and will be carried forward to the next inspection.

One new area requiring improvement was identified in relation to the physical environment.

Young people were supported by an experienced and qualified staff team. Staffs approach was young person centred, informed by a comprehensive assessment of the young people's needs and supported by effective communication between staff.

Robust governance arrangements were in place to provide effective oversight of the quality and safety of care delivered within the home. Effective monitoring systems and leadership arrangements promoted a culture of continuous learning. As a result, young people benefited from a well-led service that was responsive to their needs and focused on achieving positive outcomes.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

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. 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 engaged with young people, staff, and the manager.

Young people were observed to be relaxed in their surroundings and engaged positively with staff. Staff demonstrated a diverse range of skills when supporting young people, responding sensitively to and effectively using positive relationships and humour to engage them in activities.

The staff and the manager spoke in a compassionate, warm, respectful and caring manner about the young people. They clearly understood the needs of the young people within the home and demonstrated their commitment to promoting the young people's safety and wellbeing, and in supporting young people to achieve their goals.

Discussions with staff confirmed that they felt positive about their roles, how young people were supported, and the quality of the support available to them from the management team. They confirmed supervision was regular and of a good quality, and described there was a positive morale amongst 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 07 November 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:** 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 or below 25ºC. Ref: 3.3.2	**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.	

5.2 Inspection findings

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

Young people's records sampled were personalised, outcome focused and reflected a coordinated approach by those involved in the young person's care. Information regarding the young people's individual needs and their associated care and risk management plans were current and accessible, enabling the staff team to remain informed and consistent in their approach to the young people's care.

Handover records are a key communication tool between staff members across shifts to ensure that essential information about young people and their needs are shared effectively. The handover records sampled were detailed, consistently completed and promoted effective communication between staff.

Staff managed risk effectively through the use of 'huddles', as and when required group discussions at key decision making points. The exchange of staff knowledge and experience in this way can promote collaborative problem solving and result in a dynamic response to risk. Management oversight of this process could be further strengthened through written feedback to staff on the effectiveness and subsequent learning from each of the actions taken. Advice was given in this regard.

Children's homes should promote a culture of positive relationships, trauma-informed care, and proactive behaviour support, recognising that behaviour is a form of communication, and with staff seeking to understand the underlying causes of distress. Records sampled provided assurance that where restrictive measures were implemented by staff; they were informed by an up to date assessment of risk, were proportionate, they were agreed by relevant others, in place for the least amount of time, with a reduction plan in place as necessary.

Discussions with staff and the management team described a culture within the home that was young person centred and both encouraged and maximised the participation of the young people in decision making. The advocacy arrangements in place within the home promoted a young person centred culture, with the aim to empower young people to participate meaningfully in decisions about their care and lived experience.

Young people's meetings provided a forum within which their views, wishes, and feelings could be sought, listened to, and taken into account in decisions that affect them; and independent advocacy was also available from the Voice of Young People in Care (VOYPIC). Assurance was provided that the management team were cited on the young people's feedback and took action where possible.

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

The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people. Review of staff rotas evidenced staffing levels were consistent with the levels described; and were reviewed on an ongoing basis to ensure they remained consistent with the needs of the group of young people in the home.

The staff and the management team described how the staffing model had recently changed to include waking night staff. This action was taken in response to the changing needs of the young people to ensure staffing levels remained safe and effective. The core team were supported through the use of experienced bank and agency staff members when required.

Training which is responsive to the needs of the young people and of the staff team contributes to building upon staff confidence, skill and resilience, and further ensures staff are equipped to meet the needs of the young people. Discussions with the management team and a review of the staff training records demonstrated that staff had completed the required training.

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

Improvements were required to the garden. The garden was untidy, rubbish and other debris needed to be removed, a window pane required attention and the front door required repainting. Internally, a radiator cover required repair, and there were scorch marks to the living room floor. The walls in the living room also required attention. It is essential that both the interior and exterior of the home are adequately maintained with any damage to the home repaired in a timely manner. An area for improvement was identified.

Staff described plans to develop a sensory room for young people, and the inspector noted that a pool table and a dart board was available for the young people. The management team advised of plans to improve the décor within communal living areas and young people's bedrooms within the home, subject to approval of the required funding. Progress in this area will be reviewed during future inspection activity.

Feedback from staff provided a view that a pest control issue had recently re-emerged. Discussion with the manager and a senior manager post inspection confirmed collaborative and effective partnership working with estates and infection control services remained in place to address any issues and ensure effective response and control measures were in place. The effectiveness of these measures should continue to be reviewed by the Monitoring Officer and reported on within Regulation 32 reports submitted to RQIA.

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

Robust governance systems supports effective oversight of staff practice, strengthens the direction and support provided to staff, all of which increase the likelihood of positive outcomes for young people.

Assurance was provided that audit processes were in place to review the quality and safety of care provided by the home. Audits included review of key records such fire records, staff handover records, staff supervision records and young people people's care documentation for example. The audit process also identified areas for development, and this approach enables services to proactively address any issues and strengthen future practice.

The management team convened regular team meetings, providing opportunities for staff to address any challenges, reflect on their practice and maintain a consistent approach to young people's care. Staff were also receiving regular supervision; and records confirmed robust governance arrangements were in place to monitor and review compliance with the supervision model adopted by the provider.

Review of staff records identified that the manager had access to agency staff recruitment information and associated documents to ensure adherence with Regulation 25 (3) Schedule 2 Information of The Children's Homes Regulations (Northern Ireland) 2005. A system was also in place to monitor the Northern Ireland Social care Council (NISCC) registration requirements for all social care and social work staff.

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

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Appendix 1 - Standard 3 **Stated:** First time **To be completed by:** 7 November 2025	The registered person shall ensure that the room temperature of the medicine storage area is monitored daily and maintained at or below 25ºC.
	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 11(1) **Stated:** First time **To be completed by:** 8 September 2026	The registered person shall ensure maintenance services are responsive to the immediate requirements of the home, with any damage however minor repaired in a timely manner. Ref: 5.2.3
	Response by registered person detailing the actions taken: Regular environmental checks are undertaken to identify and address damage proactively. Staff are reminded to report all maintenance issues promptly, regardless of how minor. A maintenance log records issues reported, actions taken and completion dates. The Registered Manager monitors this and will escalate any delays as required to ensure timely resolution. As an additional level of assurance, the Principal Social Worker (PSW) met with a Senior Estates Officer on 25/08/2026 to review estates response to the home. It was agreed that any outstanding jobs or issues will be escalated to the Estates

	Senior Manager by the PSW outside of existing service level bi-monthly joint meetings with estates, and a plan formulated to address these in a timely manner. Under the Northern Ireland Framework for Integrated Therapeutic Care, a Physical Environment Review and Improvement Action Plan has commenced in partnership with the young people, family, residential staff, management, and the NIFITC Lead. As part of this review, Capital Funding had previously been requested for a number of refurbishment projects in the Home, including the kitchen, young people's bedrooms and a Garden Room Sensory Hub - funding has now been approved, and the projects will progress over the forthcoming months.

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