The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050441

28 April 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:** Independent provider **Located within:** South Eastern Health and Social Care Trust	**Manager status:** Not 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 children throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 28 April 2026 between 9.30 a.m. and 5.00 p.m. Further queries were identified following the inspection, and additional evidence was sought. This information gathering process concluded on 11 May 2026. The inspection was conducted by a care inspector.

The focus of the inspection was to assess 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 home was well led.

One area for improvement in relation to medicines management was not reviewed and will be carried over to the next inspection.

Staff spoken to were child centred in their approach, care plans sampled were mostly personalised and outcome focused. Children and young people were provided with an experience of a supportive and homely environment and a wide range of opportunities to develop their talents and skills were available. Regular staff meeting and handovers supported effective communication between staff.

An area for improvement was identified in relation to the quality of some records, the improvements included creating an overarching risk assessment for each child, care plans should consistently evidence children's wishes and feelings, and the quality of daily recordings should be consistent. Improvement is needed to ensure staff have access to accurate,

comprehensive and current information to support children effectively and promote positive outcomes.

Frequent changes in management arrangements within the home over the past three years, with acting managers covering the role since 2022, were identified as a concern. Inspection findings identified that the lack of stability and consistency in the manager role has resulted in weakened leadership, instability within the staff team, staff conflict, and poor team morale. If stability in the manager role is not achieved there is potential for this to impact on the quality and consistency of care provided, therefore the provider must take timely action to recruit a suitably qualified, experienced, and competent registered manager who can provide effective leadership, support staff wellbeing, and ensure high-quality care for children living in the home.

In the interim, the current leadership team required support to improve their effectiveness and to support the staff team. RQIA discussed this with provider representatives to ensure the leadership team are supported to strengthen their leadership, management of the home and improve support for staff.

Concerns were also identified regarding the leadership team's ability to effectively oversee staff training due to limited access to systems and the absence of a robust governance framework for monitoring and recording training. As a result, inspectors were not assured that managers had sufficient oversight to ensure staff possessed the necessary skills and competencies to meet children's needs and provide appropriate care. In addition, inspectors were not assured that effective review processes were in place for children's risk assessments and daily records.

In light of the potential impact of these concerns on the quality of care provided to children in the home, RQIA initiated enforcement action following the inspection. Enforcement action is taken to ensure compliance with regulations and minimum standards; to effect improvements and to safeguard children.

Details of RQIA's enforcement procedures can be found on our website: Enforcement Activity | Regulation and Quality Improvement Authority

On 8 June 2026, RQIA met with the provider's representatives to address serious concerns relating to the appointment and fitness of the manager, in accordance with Regulations 7 and 8 of the Children's Homes Regulations (Northern Ireland) 2005. Serious concerns were also discussed regarding the leadership team's access to systems and records that support effective governance, as referenced within Standard 16 of The Minimum Standards for Children's Homes (2023).

At this meeting, the provider's representatives provided an overview of their action plan, which assured RQIA there was a plan in place to recruit a new manager, strengthen leadership, management; and governance arrangements within the home. RQIA concluded if the plan is effectively implemented, the actions have the potential to address the concerns identified.

In total, four new areas for improvement were identified in relation to improving the quality of records, recruitment of a new manager, support for the leadership team and staff, and governance.

The findings of this report will provide the management team with the necessary information to improve staff practice and children'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 children 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 children relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this home, this included a questionnaire and an electronic survey.

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

4.0 What people told us about the service

The inspector spoke with staff and the management team and and observed staffs interactions with the children. Children presented as comfortable and at ease in the presence of staff. Discussions with staff confirmed they felt positive about their role in the home and how children were supported.

The staff and the management spoke in a compassionate, warm, respectful and caring manner about the children.

Staff discussed staffing levels and care delivery were consistently safe and effective, however they raised concerns relating to poor morale and inconsistent and ineffective leadership within the management team.

This feedback was shared with the management team post inspection and on 8 June 2026, when RQIA met with the provider's representatives to address serious concerns relating to leadership and management within the home. Assurance was provided that an improvement plan had been implemented and discussions within the leadership team will continue to identify additional support, learning and improvements which can be made. This matter is further discussed in section 5.2.4 of this report.

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 17 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 1 **Stated:** First time	The registered person shall ensure that an effective system is in place to review staff competency in relation to the management of medicines.	**Carried forward to the next inspection**
	Action taken as confirmed during the inspection: This area for improvement was not reviewed as part of this inspection.	

5.2 Inspection findings

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

Children's care planning records sampled were generally child-centred, focused on identified outcomes and reflected a coordinated multi-agency approach to meeting children's needs. However, areas for improvement were identified. Multiple individual risk assessments had been completed for each child and would benefit from being consolidated into an overarching risk assessment. This approach would give staff a single document which provides them with a clear understanding of identified risks and the strategies required to manage them. Assessment records did not consistently link children's wishes and feelings with care planning outcomes. In addition, two specific care strategies were brought to the attention of the leadership team for review to ensure children receive the most appropriate care and support. The quality, accuracy and overall standard of daily care records were also inconsistent. These shortfalls reduce the effectiveness of records as a tool for guiding practice and supporting staff to meet children's needs consistently. An area for improvement was identified.

Training that is responsive to the needs of the children and of the staff helps build staff confidence, skills and resilience, ensuring they can meet the complex needs of the resident group. During the inspection, the manager advised they did not have access to evidence of compliance relating to staffs training. This lack of oversight regarding mandatory and specialist

training was discussed with the provider on 8 June 2026, when RQIA met with the provider's representatives to address serious concerns within the home. The provider advised that systems were in place to enable the manager to monitor training compliance, including a training dashboard, the copy provided at the meeting demonstrated satisfactory compliance levels. The manager was also receiving support to strengthen monitoring, oversight and governance arrangements. Governance and monitoring arrangements are further discussed in section 5.2.4 of this report.

A sample of handover records was reviewed. These were sufficiently detailed and consistently completed, supporting effective communication between staff ending their shift and those commencing. Handover records are a key communication tool between staff and ensures that essential information regarding children and their needs is shared effectively.

The children received visits from the Voice of Young People in Care (VOYPIC) staff. The advocacy model in place promoted a culture within the home, which was child centred, and encouraged and maximised the participation of the children in decision making about their care, welfare and environment.

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

The manager provided an overview of staffing levels, which had been assessed as sufficient to meet the needs of the children living in the home. Review of a sample of the staff rotas provided evidence that staffing levels were consistent with those described and were subject to ongoing review to ensure they remained responsive to the needs of the group of children living in the home. The core team was supplemented, when required, by experienced bank staff to maintain continuity and safety of care.

A system was in place to monitor and ensure that all staff involved in the care of children maintained their registration with the Northern Ireland Social care Council (NISCC), in line with regulatory requirements.

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

The home presented as a comfortable and welcoming space. The internal and external environments were equipped with age appropriate equipment to ensure it was a safe and therapeutic setting for the children to live in. Discussion with the manager provided assurance some environmental damage noted and some décor in the home was due to be improved. The manager was advised progress with this will be monitored via future inspection activity.

Fire safety records evidenced that fire safety checks, fire drills and fire training were completed regularly. A current annual fire risk assessment was in place with the associated action plan completed by the manager.

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

The findings of this inspection identified that the systems for monitoring, auditing and reviewing the quality of care within the home required improvement. Areas identified included oversight of mandatory training, children's records and the effectiveness of the leadership team. Robust governance arrangements are essential to enable the registered manager to maintain effective oversight of the service and regularly evaluate the quality of care provided. The importance of effective governance in ensuring a safe, effective, compassionate and well-led home was discussed with the provider on 8 June 2026, when RQIA met with the provider's representatives to address serious concerns within the home. The provider advised that the necessary improvements were incorporated within an action plan which was presented at that meeting. An area for improvement was identified to ensure governance arrangements are effectively monitored and reported on by the organisation.

The management team facilitated weekly team meetings and regular staff supervision, which staff reported to be of good quality. These forums supported effective communication, enabled staff to remain informed about matters relating to children's care, and provided opportunities to reflect on practice. This contributed to a more consistent and child-centred approach to care delivery.

Records were maintained which demonstrated that children's views on the care being provided were routinely sought and documented. There was evidence that children's views were brought to team meetings, however as described in section 5.2.1 of this report children's views were not as clearly recorded in care planning documentation. The effective inclusion of children's views supports the delivery of care that is child centred, safe and responsive to individual needs.

Acting management arrangements have been in place in this service since 2022, with three individuals appointed to manage the children's home on an interim basis. The current manager has been in an acting position since September 2025. RQIA is concerned the lack of permanency with respect to the management and leadership arrangements may be impacting the stability and overall governance of the service. It is essential this position is filled to ensure there is a skilled registered manager in post who can provide clear leadership and oversight. Consistent management supports continuity of care for children and promotes a structured, robust approach to staff supervision, development, and wellbeing, enabling a stable and high-quality care environment.

On 8 June 2026, RQIA met with the provider's representatives to address serious concerns relating to the appointment and fitness of the manager, in accordance with Regulations 7 and 8 of the Children's Homes Regulations (Northern Ireland) 2005. The provider confirmed that arrangements were ongoing to permanently fill the manager post. They accepted a permanent appointment to the registered manager position should strengthen the leadership arrangements in this home, embed strong governance structures; ensure effective oversight is in place, and strengthen the support provided to staff. Two areas for improvement were identified in relation to the recruitment of a permanent manager and improving support provided to staff.

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	4*

* the total number of areas for improvement include one that is carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the provider's representatives 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 7 **Stated:** First time **To be completed by:** 31 January 2027	The registered provider must put in place effective and robust arrangements to appoint an individual who is eligible to register with RQIA and can deliver effective, safe and compassionate leadership in this home. Potential delay to achieving this area for improvement should be promptly reported in the respective Monthly Monitoring report and submitted to RQIA. Ref: 5.2.4
	Response by registered person detailing the actions taken: Following a significant recruitment drive has successfully appointed a permanent Registered Manager for the service. The successful candidate's employment commenced on 20 July 2026. The newly appointed manager is currently undertaking a structured programme of induction, mandatory training and familiarisation with the service, including organisational policies and procedures, governance arrangements, the Statement of Purpose, staff team, young people's care and risk-management arrangements, and the regulatory requirements associated with the Registered Manager role. Following completion of the required induction and training, the new manager will submit the necessary documentation to

	progress their Registered Manager registration during the week commencing 17 August 2026. Senior management will maintain oversight of this process to ensure that the application is progressed promptly and that any additional information requested as part of the registration process is provided without unnecessary delay. This appointment represents an important step in strengthening the service's leadership, management stability and regulatory oversight, with appropriate interim management and governance arrangements remaining in place until the registration process is completed.
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 1 **Stated:** First time **To be completed by:** 17 November 2025	The registered person shall ensure that an effective system is in place to review staff competency in relation to the management of medicines. Ref: 5.1
	Response by registered person detailing the actions taken: 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 2 **Ref:** Standard 3 **Stated:** First time **To be completed by:** 17 November 2025	The registered persons should ensure robust arrangements are in place that enable young people to live in a supportive home, particular attention should be given to: 1. Consideration of incorporating each child's multiple risk assessments into one composite document, to support staff to understand and implement required strategies. 2. Staff writing assessments should improve the recording of the child's voice and wishes which must be clearly aligned to the child's care plan and outcomes. 3. Two specific care strategies which were highlighted with the leadership team for review. 4. The quality accuracy and consistency of daily care records completed.
	Response by registered person detailing the actions taken: The action plan provided the provider with a detailed response outlining the actions taken to strengthen management oversight and governance arrangements. This included the implementation of a formal Registered Manager Sign-Off Process, requiring documented review and oversight..

	Review and evaluation of progress against these actions will continue, with evidence of implementation and effectiveness reported through the Monthly Monitoring Report (MMR) process. The case sites are currently being updated, with a particular focus on strengthening the risk assessment framework and introducing a dedicated Registered Manager review and sign-off section. This will provide a clear audit trail demonstrating Registered Manager scrutiny, challenge and oversight of identified risks and associated risk-management measures. These requirements have now been incorporated into organisational policy and will be rolled out consistently across all registered services by the end of August 2026. The effectiveness of the revised arrangements will be monitored through ongoing management oversight, auditing and the MMR process to ensure that the changes are embedded in practice and result in demonstrable improvements in governance, accountability and the quality of care provided to young people
Area for improvement 3 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 28 December 2026	The registered person should monitor the effectiveness of arrangements in the provider action plan to support the leadership team and staff. Outcomes achieved should evidence all staff working in the home are equipped to meet children's needs safely, effectively and compassionately, and ensure that standards relating to their respective roles and responsibilities are met. Any deficits noted should be promptly reported in the respective Monthly Monitoring report and submitted to RQIA. Ref: 5.2.4
	Response by registered person detailing the actions taken: Further developments within its existing IT systems to strengthen oversight of workforce training and compliance. A specific, easy-access dashboard has been developed and is currently operational. This provides live, at-a-glance, colour-coded information on staff training compliance, including training completion and expiry dates for individual team members. This enables Registered Managers and senior management to identify upcoming training requirements and areas of non-compliance promptly and take appropriate action. This action has been implemented and is currently in use. In addition, a roles and responsibilities exercise has been completed for each position within the organisation to provide greater clarity regarding individual accountability and

	management oversight. As part of this work, the Registered Manager has been assigned specific responsibility for reviewing relevant reports held within the case management system. Completion of these reviews is required to be formally evidenced through a Registered Manager declaration/sign-off, creating a clear audit trail of management oversight and accountability. This requirement has now been incorporated into organisational policy. The wider action plan has been developed and rolled out across the organisation, with implementation continuing to be monitored against agreed actions and expected outcomes. Progress and areas requiring further improvement are reviewed through the organisation's governance arrangements, including the weekly planning meeting and management monitoring processes. This approach is intended to ensure that actions are not considered complete solely because a new process or policy has been introduced. Ongoing monitoring will assess whether the changes are embedded in practice, consistently applied across registered services and resulting in demonstrable improvements in governance, staff compliance, management oversight and outcomes for young people.
Area for improvement 4 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 28 August 2026	The registered persons shall ensure effective governance and management systems are in place that assure the delivery of safe, effective, compassionate and well led care. The manager and registered person will take action to ensure the systems in place to monitor, audit and review the quality of care within the home are accessible and are utilised, specific attention should be given to mandatory training compliance, and the quality, accuracy and adequacy of risk assessments and daily care records. Ref: 5.2.1
	Response by registered person detailing the actions taken: We developed and implemented a dedicated training dashboard, which provides live, up-to-date information on training compliance across the staff team. The dashboard operates using a RAG (Red, Amber, Green) monitoring system, allowing training compliance, outstanding requirements and approaching expiry dates to be identified quickly and addressed proactively. The dashboard is accessible to both the Registered Manager and Deputy Manager, providing them with clear and immediate oversight of the training status of individual staff members and the wider team. The information is also monitored on a weekly

	basis by the Senior Management Team, providing an additional level of governance and organisational oversight. In addition to the newly developed dashboard, management have always had, and continue to have, access to individual staff training records through each staff member's HR profile. These records can be accessed at any time and provide more detailed information regarding individual training completion and compliance. The introduction of the RAG-rated dashboard therefore provides an additional layer of oversight rather than replacing existing systems. It consolidates key training information into an accessible, live management tool, enabling the Registered Manager, Deputy Manager and Senior Management Team to identify emerging gaps or approaching expiry dates promptly and take appropriate action. This development strengthens the organisation's existing governance arrangements by providing a clear and readily accessible audit trail of training compliance, alongside the individual records already maintained within staff HR profiles

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