The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050527

29 August 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:** – Southern 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 29 August 2026 between 9.15 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.

Four areas for improvement identified at the last care inspection were assessed as met. These were in relation to the Fire Risk Assessment (FRA), fire training, restrictive practices and the security of the home. One area for improvement was not met and has been stated on the Quality Improvement Plan (QIP) for a second time. This was in relation to the young people's voice and is discussed in greater detail in the main body of the report.

Three new areas for improvement were identified in relation to notifiable incidents, complaints management and training records.

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 person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff on the day of inspection.

Feedback from young people indicated dissatisfaction with the homeliness of the environment, particularly highlighting specific areas of the home. Young people's meeting minutes identified that young people had previously raised these issues in a meeting, with no evidence of feedback having been provided. These issues are discussed in greater detail in sections 5.2.1 and 5.2.3 and an area for improvement was restated in relation to the young people's voice.

Feedback from young people also demonstrated improvements were required in relation complaints management processes. This is discussed in greater detail in section 5.2.4 and an area for improvement was identified in relation to complaints.

Feedback from staff indicated positive support from the management team, however this had been impacted by recent manager absences. Staff reported that the home had a strong core staff team and a consistent group of bank staff to support the rota.

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 6 November 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 home has a current fire risk assessment in place, actions arising as a result of the assessment are responded to, and that the associated action plan is updated to evidence the actions taken.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
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:** Standard 22 **Stated:** First time	All staff are trained in the fire precautions to be taken in the home, including the actions required in case of a fire. This training is provided by a competent person at the start of employment and at least twice every year.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 11 **Stated:** First time	Physical restrictions on normal movement within or from the home are not used unless this is necessary to safeguard children and young people and promote their welfare and development and in line with regulations and guidance. Such measures are only used where agreed with relevant others and are in line with regional guidance on restraint. Such restrictions for one child or young person do not impose similar restrictions on other children and young people.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 11 **Stated:** First time	Security measures are in place to ensure there is no unauthorized access to the home. Where Closed Circuit Television (CCTV) is in place in a home, it is used in line with the Information Commissioners CCTV Code Of Practice.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 **Ref:** Standard 1 **Stated:** First time	Children and young people's views, wishes and feelings are regularly and frequently sought by staff and given due weight in line with their age, ability and maturity when making decisions about their care and the running of the home.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed in further detail in 5.2.1.	

5.2 Inspection findings

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

Records were available to support and direct staff in their interventions with the young people; such as, risk assessments and Individual Crisis Support Plans (ICSP's). These records were regularly reviewed, updated and were reflective of the current risks and needs of the young people.

Meeting records provided assurance that young people and professionals involved in young people's lives met on a regular basis to discuss and review the therapeutic and care needs of young people. These meetings supported and informed child centred care planning.

Young people's daily records evidenced a therapeutic approach by staff, centred around building positive relationships with young people and supporting them in line with their therapeutic care needs.

Young people's meetings were not occurring on a regular basis and there was no evidence that issues raised by young people were followed up. These meetings provide an opportunity for young people to raise any issues, express choices in regard to activities, influence the running of the home, and delivery of care; and can ensure young people's views, wishes, and concerns are considered or acted upon in a meaningful way. Evidence was not available alternative methods were being utilised to capture the young person's voice. An area for improvement related to capturing the young person's views was therefore stated for a second time.

Feedback from young people indicated that a request to access their records had not been facilitated. Young people must be supported by staff to understand the nature of records maintained and how to access them.

Staff were working to balance their responsibility to safeguard young people, with the need to promote their rights and independence, while supporting them to develop an understanding of online safety and the associated risks. There was evidence of multi-disciplinary involvement in decision making regarding risk management, which included partnership working with police. However, records would suggest that where safeguarding concerns may also have been criminal matters, there was a lack of assuredness regarding the responsibilities and powers which each agency held. Advice was given for the provider to ensure there is clear guidance available to staff regarding how to manage online safety concerns, including where young people do not comply with safety plans; and where safeguarding concerns may also be criminal matters, in order to ensure that the provider is fulfilling its safeguarding responsibilities.

The inspection findings concluded that not all relevant incidents were notified to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 29(1) of the Children's Homes Regulations (Northern Ireland) 2005. The provider must ensure notifiable events are reported where required. Monitoring and oversight arrangements must also be improved to ensure all notifiable events are reported. An area for improvement was identified. Incidents were reviewed by a senior manager post inspection and notifiable events retrospectively reported to RQIA.

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

Review of the staff rota confirmed that responsive staffing arrangements were in place, which included a pool of consistent bank staff that were utilised to fill gaps in the rota as a result of absence. Handover records evidenced a detailed exchange of information between shifts to ensure staff were informed of relevant information in order to meet the needs of the young people.

Training records however did not provide assurance that robust arrangements were in place to monitor compliance with mandatory training requirements for all staff working in the home. While the core staff team members were compliant with mandatory training in key areas, such as, safeguarding, therapeutic crisis intervention and fire training; training records for bank staff did not provide assurance that they had sufficient training to provide safe and effective care. This raised concerns regarding staff scheduled to report for duty that evening; and was escalated to a senior manager on the day of inspection. Assurance was provided that all staff,

including bank staff had the necessary training. Updated training records were submitted to RQIA post inspection to evidence staff's compliance.

Notwithstanding, training records must be accurately maintained to support effective workforce governance, provide assurance regarding staff competence and ensure safe staffing arrangements. An area for improvement was identified.

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

A current Fire Risk Assessment (FRA) was not available for inspection, however was submitted to RQIA post inspection. The record evidenced that actions arising as a result of the assessment were responded to, and that the associated action plan was updated to reflect the actions taken. Fire records evidenced that fire safety checks and drills were completed regularly and consistently.

The premises largely presented as a comfortable, homely and welcoming space for young people to live. Communal areas, such as, the sitting room, sensory room and study were young person friendly areas which were nicely decorated with soft furnishings. A well-maintained outdoor space was also available to the young people.

However, there were some areas of the home which presented as clinical; such as, high visibility stair edging and stainless-steel kitchen worktops. Feedback was provided by young people during the inspection regarding their views; and it was confirmed they had previously raised these issues in young people's meetings; however, as identified in section 5.2.1, there was no evidence of young people receiving feedback on the matters they had raised. Advice was given for the provider to work in partnership with young people to explore potential ways of consulting the young people, hearing their views; and providing feedback to them regarding how these matters could be addressed.

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

Children's homes should support young people to develop the skills they need to thrive and succeed as they mature and approach adulthood. Actions that restrict young people must have clear justification and be based on an assessment of risk, which evidences that the restriction is needed and proportionate. Restrictions must be regularly reviewed and informed by consideration of young people's rights. Restrictive practice records identified that restrictions implemented within the home were supported by a robust framework of recording, which evidenced decision making and review.

Complaints records indicated that there had been no complaints from the previous inspection, however discussion with young people and corresponding records evidenced that young people had raised issues which should have been considered as a complaint. It is essential that young people are supported to make complaints if they are unhappy with any aspect of their care or

lived experience. These complaints should then be subject to robust investigation, in line with the home's complaints policy. An area for improvement was identified.

The inspection findings identified that the manager had been absent for a continuous period of 28 days or more without notification being made to RQIA. The inspector requested this notification to be made retrospectively. This notification was subsequently received by RQIA post inspection.

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*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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 29 (1) **Stated:** First time **To be completed by:** 12 October 2026	The registered person shall ensure robust arrangements are in place so that all notifiable events are reported to RQIA in line with Schedule 5 of the Children's Homes Regulations. A review of incidents must take place and notifiable events retrospectively reported to RQIA. Ref: 5.2.1
	Response by registered person detailing the actions taken: **Achieved and ongoing. Relevant notifications have now been submitted in restrospect as required. Going forwards Manager will ensure submission of all incidents requiring notification to RQIA as per Schedule 5.**

Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 1 **Stated:** Second time **To be completed by:** 12 October 2026	Children and young people's views, wishes and feelings are regularly and frequently sought by staff and given due weight in line with their age, ability and maturity when making decisions about their care and the running of the home. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Young People's Meetings have had to be undertaken individually with each child as they will not agree to meet together as a group. Management will ensure Records of these discussions are held centrally on Young People's Meetings file to demonstrate that all views and wishes are being sought regularly as required.
Area for improvement 2 **Ref:** Standard 21 **Stated:** First time **To be completed by:** 12 October 2026	The registered person shall ensure young people are supported to make a complaint if they are unhappy with any aspect of their care or lived experience. These complaints should then be subject to robust investigation, in line with the home's complaints policy. Ref: 5.2.4
	Response by registered person detailing the actions taken: Complaints process is well established and staff are fully aware of supporting young people to submit any complaints if they wish to do so and these will be managed in line with the complaints policy. Manager will continue to monitor same and Monthly Monitoring Officer will also be asked to maintain a focus on same during monthly visits.
Area for improvement 3 **Ref:** Standard 17.11 **Stated:** First time **To be completed by:** 12 October 2026	The registered person shall ensure training records are maintained to monitor compliance with mandatory training requirements for all staff working in the home to ensure safe staffing arrangements. Ref: 5.2.2
	Response by registered person detailing the actions taken: Achieved and ongoing. Manager will ensure training matrix is updated regularly to reflect accurate records of training undertaken by all staff inslusive of bank staff.

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