The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050472

30 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:** – South Eastern Health and Social Care Trust	**Manager status:** Not registered
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. Since the last inspection, the provider has submitted an application to RQIA to make a change to the registration of this service (variation), this is to add a new category of care for a limited period. This application remains under review at the time of writing this report.	

2.0 Inspection summary

An unannounced inspection took place on 30 June 2026 between 9.15 a.m. and 4.45 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.

Areas for improvement (AFI's) identified at the last care inspection were reviewed. Three AFI's in relation to environmental restriction monitoring arrangements, staff training and staff supervision oversight arrangements were assessed as met.

Four new AFI's were identified in relation to a review of arrangements in place to promote young people's safety, welfare and lived experience; fire procedures; notification of managerial arrangements; and staff training in safety intervention and neurodiversity.

There was evidence of positive regard and a caring approach towards young people. Staff spoke from a young person focussed, trauma informed perspective and had a good

understanding of what was working well and what could be improved to better support the young people.

Enforcement action commenced as a result of this inspection. Enforcement action aims to ensure compliance with regulations and minimum standards, to effect improvements, and to afford protection to the young people. RQIA has invited the provider to a Serious Concerns (SC) meeting on 12 August 2026.

The SC meeting is convened by RQIA to discuss the significant concerns identified with the provider, hear their response and consider the actions they have taken or planned to achieve compliance with the identified Regulations. The matters for discussion are arrangements in place relating to young people's assessed needs, specifically ensuring robust arrangements are in place to promote their safety and welfare, and the ongoing absence of a registered manager in this home.

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 acting manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with staff and the acting manager. Young people who were less able to engage with the inspector were observed to be relaxed in their surroundings and engaged positively with staff.

Discussion with the acting manager and staff provided assurances that a young person centred and trauma informed approach was embedded within the home. Staff demonstrated a commitment to working therapeutically with the young people and highlighted they felt

supported by the management team. However, they also discussed challenges relating to managing the competing needs of the young people within home. This feedback was discussed with the acting manager during the inspection and will be discussed at the SC meeting on 12th August 2026.

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 16 October 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:** Standard 16 **Stated:** Second time	The responsible person shall ensure there are adequate monitoring and oversight arrangements in place, to ensure; • Actions that restrict young people have a clear justification based on a robust assessment of risk; • Clear evidence is available that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); and has been agreed with the multi-disciplinary team, the young person and relevant others. • A robust review mechanism is in place which considers the effectiveness and impact of the restrictive practice. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 **Ref:** Standard 17 **Stated:** First time	The responsible person shall ensure that all staff complete up to date training in Safeguarding, Child Sexual Exploitation and Deprivation of Liberty training to ensure compliance with the practice model adopted by the home.	**Met**

	Ref: 5.2.2	
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 17 **Stated:** First time	The responsible person shall ensure that there is a system in place which effectively monitors staff compliance with supervision policy in operation within the home. Ref: 5.2.4	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

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

Daily logs identified the quality of recording was of a good standard and records reflected the young people's lived experience within the home. These records, alongside key work sessions, provided assurance that the staff team were committed to engaging with young people in a therapeutic manner. There was evidence of young people having positive relationships with core staff and have opportunities to engage in activities in the community.

Inspection findings raised concerns regarding home staff having access to the right support and resources to meet all of the young people's needs. For example, review of young people's records and discussions with staff highlighted additional input from community teams on a more regular and consistent basis may assist in supporting the staff to meet the needs of the young people. While records were available to support and direct staff in their interventions with the young people; such as, Individual Crisis Support Plans (ICSPs) and individual risk assessments, the sample of records inspected did not provide assurance they were reflective of the current risks and care provided to meet the needs of individual young people. Furthermore, transition planning was not in place as would be expected. These concerns will be discussed with the provider during the SC meeting on 12 August 2026 and an area for improvement is identified.

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

Effective staffing arrangements are fundamental to safeguard and promote the welfare of young people.

The acting manager described the staffing levels that had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced that staffing levels were consistent with those described and were reviewed on an ongoing basis, which ensured they remained aligned with the needs of the group of young people in the home. Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people and to adhere to safety plans. Alongside core members of staff, regular agency staff were noted on the rota to assist with the young people's specific needs.

Review of staff recruitment folders evidenced full and satisfactory evidence was available in relation to the safe recruitment of agency staff, in compliance with Schedule 2 of the Children's Home Regulations (Northern Ireland) 2005.

Induction for staff is necessary to provide assurance that staff involved in the delivery of care possess the knowledge, skills and ability to deliver safe and effective care to the young people in the home. A robust induction process supports new staff to integrate into their role, as well as supporting staff to deliver consistent needs led care within the home. A review of induction records provided assurance that staff had received a comprehensive induction to the home. Additionally evidence available confirmed the shift co-ordinators were assessed as competent to undertake the role.

As noted in section 4.0 of this report, staff reflected on the challenges in relation to meeting the complex needs of the young people. When young people present with risk based behaviours, it is essential there are the right number of staff with the right skills, knowledge and training to respond to their needs. Review of the staff-training matrix identified gaps in Safety Intervention training and neuro diversity, which is necessary to support staff to meet the specific needs of the young people. While the senior management team had taken steps to improve staff training in Safety Intervention, there was no time-bound plan in place to address training deficits or evidence of any mitigation of associated risks. Without assurance that all staff are trained and assessed as competent, there is a risk that young people's needs may not be met. An area for improvement in relation to training in Safety Intervention and neurodiversity is made.

The acting manager confirmed all staff were in receipt of regular formal meetings with their supervisor (supervision). Review of the staff supervision matrix and discussions with staff also confirmed supervisions were taking place regularly. In addition, the management team convene monthly team meetings, which is essential to maintaining good communication, creates opportunities to develop a shared vision and informs the detailed and complex decisions that need to be made on a day to day basis to meet the needs of the young people.

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

The inspector viewed a young person's bedroom within the home. This was in a state of disrepair following episodes of distressed behaviour. Due to complex behaviours presented by

young people, communal areas presented as sparse in décor and did not provide a warm, homely sense of atmosphere. Items of furniture had been broken, removed and not replaced.

Staff demonstrated awareness of the potential risks and vulnerabilities within the group dynamic and described the actions they were taking to ensure inclusion and emotional safety for all of the young people. However, further assurance was required with respect to the assessment of risks within the homes environment, potential mitigations and controls, and any potential impact these measures may have upon young people's rights and lived experience in the home. These concerns will be discussed with the provider during the SC meeting on 12 August 2026 and this matter is incorporated in to the area for improvement identified in section 5.2.1.

Inspection of the fire safety records identified the fire risk assessment was up to date and the action plan had been addressed. While discussions with the acting manager and staff provided some assurance that regular fire drills were taking place, there was limited evidence to corroborate this. Furthermore, the personal emergency evacuation arrangements (PEEP) should be reviewed and where necessary improved to ensure there is a robust plan in place for the young people's safe evacuation from the home. An area for improvement is identified.

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

The review of complaints records evidenced good governance arrangements were in place and that there was a robust approach to the investigation of complaints. Where concerns had been identified, the service had undertaken internal investigations of incidents. Records provided assurance that these investigations were thorough and comprehensive, with clear outcomes and findings to support continuous learning and improvement within the home.

The inspection findings confirmed that the home had effective systems in place for the identification, reporting, and review of incidents. Records demonstrated that the management team had acted promptly to report and escalate incidents. Where there had been a delay in staff reporting of incidents, the management team had identified learning and an action plan, which was shared with the team to prevent reoccurrence.

Acting manager arrangements have been in place within the home for a prolonged period of time. While a new manager was appointed by the Trust, RQIA did not receive notification of their commencement in the service nor a registration application from the manager. Furthermore, during the inspection the inspector was notified the position of manager would again be vacant in the near future. This did not provide assurance there are stable and effective management arrangements in place that promote effective leadership and accountability. Furthermore, a stable manager is required to support the development of necessary governance mechanisms in this home, which can promote safe and effective care for the young people living within the home. This matter will be discussed with the provider during the SC meeting on 12 August 2026 and an area for improvement is made.

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) (Delete what is not required)**

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the acting 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 Children's Homes Regulations (Northern Ireland) 2005

Area for improvement 1

Ref: Regulation 11

Stated: First time

To be completed by:
25 August 2026

The registered persons shall ensure that the young people's records and assessed needs are reviewed with staff and action is taken as necessary to promote young people's safety, welfare and lived experience, particular attention should be given to:

- the staffs access to specialist support which can support staff to meet the childrens needs
- records which should reflect young people's current risks and needs
- transition planning
- the home environment

Ref: 5.2.1

Response by registered person detailing the actions taken:

A review of each young person's assessed needs, risk management arrangements, care plans and associated records has been completed to ensure they accurately reflect current needs, risks and interventions. Specialist support has been accessed, where required, to support staff in meeting the complex needs of the young people.

Transition planning arrangements have been reviewed through care planning and multidisciplinary processes, with actions and progress recorded. The home environment has also been reviewed with Trust Estates colleagues, with required repairs and replacement items identified and progressed.

The Registered Manager and Principal Social Worker review progress through fortnightly oversight meetings and monitor ongoing compliance through Regulation 32 reporting.

Area for improvement 2 **Ref:** Regulation 31 **Stated:** First time **To be completed by:** 25 August 2026	The registered persons shall review fire records and ensure robust arrangements are in place that ensure: • regular fire drills are undertaken and recorded • young people's personal emergency evacuation arrangements (PEEP) are reviewed and where necessary improved • persons working in the home and young people accommodated there, are aware of the procedure to be followed in case of a fire. Ref: 5.2.3
	Response by registered person detailing the actions taken: A review of the home's fire safety arrangements and records has been completed, with actions taken to strengthen recording and oversight arrangements. Fire drill schedules are in place and records are maintained accordingly. All Personal Emergency Evacuation Plans (PEEPs) have been reviewed and updated where required. Fire evacuation procedures have also been revisited with staff and young people to ensure awareness of the actions required in the event of a fire. Compliance is monitored through routine management oversight, reviewed through fortnightly meetings between the Registered Manager and Principal Social Worker and through monthly monitoring processes.
Area for improvement 3 **Ref:** Regulation 7 **Stated:** First time **To be completed by:** 25 August 2026	The registered provider shall take action to ensure robust and effective management arrangements are in place in this home, this should include: • review of the current acting manager arrangements • inform RQIA of the anticipated timescale for recruitment of a registered manager • provide RQIA with the Trusts timescale for the submission of the registered manager application for this home. Ref: 5.2.4
	Response by registered person detailing the actions taken: The Deputy Team Leader remains in place as Acting Team Leader/Manager, providing continuity of leadership, operational oversight and accountability within the home pending completion of the permanent recruitment process. Recruitment to the substantive Team Leader/Registered Manager post has progressed to interview stage, with interviews scheduled for 7 September 2026. The Principal

	Social Worker continues to oversee the interim management arrangements and recruitment process. RQIA will be notified of the outcome and timescale for submission of the Registered Manager application following completion of the recruitment process.Following the completion of this process, the Principal Social Worker will notify RQIA about the outcome and work directly with the successful candidate, in order to commence the registered manager application process. Progress against this area of improvement will be maintained with RQIA through Regulation 32 reports.
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 persons shall put in place arrangements for all staff to complete required training in relation to Safety Intervention and neurodiversity training. Ref: 5.2.2
To be completed by: 21 August 2026	**Response by registered person detailing the actions taken:** A review of staff compliance with Safety Intervention training has been completed, and staff requiring updated or enhanced training have been identified. A review of training requirements has also been undertaken, resulting in the move from the previous two-day Safety Intervention programme to the enhanced four-day programme. A time-bound implementation plan has been developed, with identified staff scheduled to complete the four-day programme by December 2026. Compliance is monitored through the training matrix, management oversight arrangements and monthly monitoring processes. Additional learning and development relating to neurodiversity and behavioural support is provided through multidisciplinary input. Most recently, a Behavioural Support professional attended both the team meeting and nursing staff team meeting to discuss how best to support the young person, including providing guidance on his Behavioural Support Plan and strategies to promote consistent and effective responses to young person's needs. Further MDT-led learning will continue to be provided in line with the needs of the young people accommodated within the service

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