The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN050525

14 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:** Independent Provider **Located within:** – South Eastern Health and Social Care Trust	**Manager status:** 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 living in this home have had adverse childhood experiences which has resulted in them requiring residential care.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2026 between 9:30 a.m. and 3.25 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.

The previous area for improvement relating to staffing arrangements was met. The area for improvement relating to the review of restrictive practices was partially met and will be stated for a second time.

New areas requiring improvement were identified in relation to safeguarding procedures and behaviour support mechanisms.

Children were supported in an age appropriate and homely environment. Staff had a detailed understanding of children's individual needs and positive relationships were evident.

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 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 children, staff and management on the day of inspection.

Children provided positive feedback regarding relationships with staff, engagement with social activities in the local community and the suitability of the environment. Children were observed at ease and relaxed in the presence of staff.

Feedback from staff provided a positive view regarding the support available from the management team and the organisation in relation to health and wellbeing. Staff reported an open culture which supported staff to express their views on matters relating to the running of the home. Care provided to the children was reported to be child centred and age appropriate. Staff reported that recent changes in the home have provided the staff team time to reset and reconnect. Staff and management acknowledged the potential for concerns related to staffing levels however reported that currently the team is stable and sufficient to provide the required care for residents.

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 02 October 2025		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that: - it is implemented on the basis of an assessed need or risk related to the individual child - it is the least restrictive option and all other options have been exhausted - it has been agreed with the multi-disciplinary team, the child and/or their representative as appropriate - there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement was partially met. Records were not based on an assessed need or risk related to the individual child. Reviews completed within the agreed timescales were not evidenced. See Section 5.2.5 for further detail	
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 17	The registered person shall review the staffing arrangements within the home to ensure it is in line with the statement of	**Met**

Stated: First time	purpose and sufficient to support and meet the needs of the children.	
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

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

Meaningful participation is fundamental in ensuring that children are actively involved in decisions about their care and daily lives. The children's views, wishes and feelings were actively sought and promoted through regular children's meetings and day to day engagement with the staff team. Records reviewed demonstrated that children were provided with opportunities to contribute to discussions regarding the running of the home and matters affecting their care. Children's views were listened to, responded to and where appropriate acted upon. Staff demonstrated an awareness of the importance of promoting participation and ensuring that children remained at the centre of all aspects of their care.

Key work records reviewed confirmed that children received care and support that was individualised, child centred and responsive to their assessed needs. Key work sessions were tailored to the individual circumstances and outcomes for each child. Staff applied knowledge and skills gained through relevant training to support the needs of the age group within the home.

Daily records were comprehensive and maintained to a good standard, staff were provided with relevant and up to date information regarding children's care and support needs. The use of a communication book supported effective information sharing across the staff team, ensuring continuity of care and enabling staff to respond appropriately to children's changing needs. Feedback was provided to the management team to ensure that handover processes were utilised effectively and associated records were completed fully and consistently.

Discussions with the management team demonstrated a commitment to ensuring that transitions form the home were planned and delivered in a child centred manner, with consideration given to each child's individual needs. The management team advised that a review of the statement of purpose will be undertaken to strengthen the home's approach to transition planning and promote effective engagement with relevant Health and Social Care Trusts. This will support the development of robust transition arrangements to ensure that children experience planned, coordinated and positive moves from the service.

Review of the consequences register evidenced gaps in recording and review by the management team. Consequences did not have regular review and were stated to be ongoing

with no duration identified. Behaviour support mechanisms adopted by the home should be proportionate, consistent and fair. An area for improvement was identified.

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

Evidence was available to confirm that staff employed within the home were subject to safe and robust recruitment practices consistent with Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005. This is an essential mechanism that supports managers to ensure safe staffing arrangements and safe care for children within the home.

Discussions with the management team and review of the rota supported that there were sufficient staff available to support the current residents. Staffing arrangements will require a review prior to any future admissions to ensure that safe staffing levels can be maintained. The children were supported by a consistent staff team and where bank staff were utilised these were regular and familiar to the children which ensured continuity of care.

The staff team were equipped with the skills and training required to meet the needs of the children and in the practice model adopted by the home. Discussions with the staff team and a review of the training matrix supported that training and development was supported and valued within the home.

Discussions with the staff team evidenced that there were support systems in place to promote the health and wellbeing of staff members by both the management team and the organisation. This was reported to be beneficial and utilised by the staff team.

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

The home provided a comfortable and homely environment and was well maintained and decorated. Children's bedrooms were personalised in line with their own wishes and feelings and they were happy with their environment. There were age appropriate items and furnishings within the home and the availability of a well maintained sensory room for children. Staff conveyed a regard and respect of the home as the children's home. All domestic and cooking arrangements were undertaken by the core staff team, staff reported that this provided opportunities for children to engage in the day to day running of the home.

Fire records evidenced that fire safety checks and drills were completed regularly and consistently. The fire risk assessment was up to date and the associated action plan had been completed.

5.2.4 How does the service promote and protect the health of the children?

Children were supported and encouraged to become socially involved within the home and the wider context of the external community. Staff nurtured friendships between children and provided practical and emotional support to encourage their interests and promote self-esteem. Discussions with staff and children supported that the children were encouraged to maintain

friendships in the local community, attend a local school and engage in community based activities.

Children were consulted and supported to engage in routines of the home. Children were encouraged to engage in cooking activities and trying new foods to promote healthy lifestyles. Children had support plans in place to encourage good bedtime routines and appropriate limitations were in place to limit screen time in line with age and stage of development.

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

A rights based approach requires that children's liberty, choice and autonomy are respected and promoted wherever possible. Any restrictions on freedom should be carefully considered, individually assessed and balanced against the need to safeguard their welfare. Restrictive measures should be clearly justified, proportionate to the identified risk and subject to regular review to ensure they remain necessary and are reduced or removed at the earliest opportunity.

Records reviewed demonstrated that restrictive practices had been implemented with consideration given to children's rights, safety, proportionality and welfare. Documentation and discussions evidenced that restrictions were considered within multi-disciplinary forums, with agreement that measures would be reviewed on a fortnightly basis and reduced where appropriate. However, records available at the time of the inspection did not provide sufficient evidence that these reviews had been completed or that a clear reduction plan had been progressed. Furthermore, restrictive practice documentation lacked sufficient child specific detail and did not clearly demonstrate how individual needs, risks, strengths and circumstances had informed the restrictions in place. This area for improvement was assessed as partially met with feedback provided to the management team to strengthen recording and review arrangements to ensure restrictive practices remain necessary, proportionate and responsive to the children's changing needs.

Discussions with the staff team and a review of training plans provided assurance that safeguarding arrangements were understood and arrangements were in place to support the staff team. However, further discussions with the management team highlighted that there was a delay in reporting a safeguarding concern for one child, which meant that appropriate safeguarding processes were not initiated in a timely manner. This shows that staff did not follow the Regional Child Protection Policy and Procedures in this instance. This had potential to delay protective action, increase risks to the child and reduce the effectiveness of safeguarding responses. An area for improvement was identified.

The staff team were supported in their day to day decision making and to review the quality of care within the home through team meetings. Team meetings were regular, provided a detailed reflection on children's care and progress and supported staff to ensure care remained child centred.

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	1*	2

* 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 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 16 **Stated:** Second time **To be completed by:** 14 July 2026	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that: - it is implemented on the basis of an assessed need or risk related to the individual child - it is the least restrictive option and all other options have been exhausted - it has been agreed with the multi-disciplinary team, the child and/or their representative as appropriate - there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary. Ref: 5.2.5
	Response by registered person detailing the actions taken: The registered person acknowledges the findings of the inspection in relation to Reg 16 and the assessment that this area for improvement remained partially met since the previous inspection. As outlined in the previous QIP, processes had been introduced to support the appropriate implementation, recording and review of restrictive practices. These included recording restrictive practices within daily records and on the restrictive practice register, consideration of the least restrictive

	approach, multi-disciplinary discussion and review of the ongoing need for any restrictive intervention. The inspection identified that, notwithstanding these processes being developed and shared with the staff, the records reviewed did not consistently provide sufficient evidence of: • how the restrictive practice was informed by the individual child's needs, risks, strengths and circumstances; • how the effectiveness of the restriction had been reviewed; • and how a clear reduction plan had been developed and progressed where appropriate. The registered person acknowledges that the implementation of the processes did not consistently result in the level of child-specific evidence required. However, no further action could be implemented with the staff following this inspection, as the inspection report was received August 2026 after the service had ceased operating July 2026. This inspection report was received after the closure of the home and the voluntary cancellation of registration with RQIA. Consequently, there was no opportunity for the registered person to implement a further period of practice, monitoring and review in response to the findings of this inspection.
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 14 July 2026	The registered person shall ensure that staff understand and are aware of the Regional Child Protection Policy and Procedures and the actions required in the event of a child or young person being deemed to be at increased risk of abuse or having suffered abuse. Ref: 5.2.5
	Response by registered person detailing the actions taken: The registered person acknowledges the area for improvement identified in relation to Standard 4 and the requirement for staff to understand and be aware of the Regional Child Protection Policy and Procedures, including the actions required where a child is considered to be at increased risk of abuse or is believed to have suffered abuse. Safeguarding was an established priority within the service. Staff undertook safeguarding training and were provided with access to the Regional Child Protection Policy and Procedures. Safeguarding practice was also discussed through staff meetings, supervision and day-to-day management oversight, with staff expected to report and escalate concerns in accordance with the relevant procedures.

	The inspection identified an instance where a safeguarding concern was not reported within the required timescale. The registered person acknowledges the significance of this finding and that a delay in reporting a safeguarding concern has the potential to delay appropriate protective action and increase risk to a child. The registered person recognises that having safeguarding policies, training and procedures in place must be supported by consistent application in practice, particularly in relation to the immediate reporting and escalation of concerns. Training records confirmed that staff had undertaken safeguarding training, and staff meeting/supervision records demonstrated that safeguarding responsibilities and reporting arrangements had been discussed. However, no further action could be implemented with the staff following this inspection, as the inspection report was received August 2026, after the service had ceased operating July 2026. This inspection report was received after the closure of the home and the voluntary cancellation of registration with RQIA. Consequently, there was no opportunity for the registered person to implement a further period of practice, monitoring and review in response to the findings of this inspection The finding has nevertheless been noted as an organisational learning point and will inform future safeguarding practice and governance arrangements within the organisation.
Area for improvement 2 **Ref:** Standard 3 **Stated:** First time **To be completed by:** 14 July 2026	The registered person shall ensure that the home adopts a proportionate and consistent approach to fair and measured discipline. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person acknowledges the area for improvement identified in relation to Standard 3 and the requirement for the home to adopt a proportionate and consistent approach to fair and measured discipline. The service's approach to behaviour management was intended to be child-centred, proportionate and based on an understanding of each child's individual needs, circumstances and assessed risks. Staff were expected to use positive behaviour support strategies and to consider the circumstances and context of the child's behaviour when responding to incidents. The home maintained a record of consequences and behaviour-related interventions, with management oversight of

	the care provided. The inspection identified that the consequences register contained gaps in recording and review, including instances where consequences were recorded as ongoing without evidence of regular review by management. The registered person acknowledges that records relating to consequences should clearly demonstrate that any response is proportionate to the circumstances, appropriate to the individual child and subject to regular management review. Recording should also demonstrate the rationale for the consequence, its duration, effectiveness and whether it remained necessary. The findings highlight the importance of ensuring that a system being in place is supported by consistent and sufficiently detailed recording and management oversight and that the records reviewed during the inspection did not consistently demonstrate this to the required standard. The inspection report was received following the closure of the children's home. Consequently, there was no opportunity for the registered person to undertake a further period of audit, implementation and monitoring in response to this inspection finding. The finding has been noted as an organisational learning point in relation to the need for clear management oversight.

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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