



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN047251
2 December 2025

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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: This home is registered as a small children's home as defined in <u>The Minimum Standards for Children's Homes (Department of Health) (2023)</u> . The children living in this home may have had traumatic experiences and have been assessed as in need of 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 2 December 2025, from 9.50am to 12.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place and medicines were administered as prescribed. However, improvements were necessary in relation to the completion of competency assessments for staff responsible for the management of medicines.

Whilst an area for improvement was identified, there was evidence that young people were being administered their medicines as prescribed.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, 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.

To prepare for this inspection information held by RQIA about this home was reviewed. This included previous areas for improvement identified, registration information, and any other written or verbal information received from young people, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after young people and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each young person liked to take their medicines. They stated medication administration was tailored to respect each young person's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Young people should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times young peoples' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Young people were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each young person. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance. It is considered good practice to attach a recent photograph of the young person to their personal medication records to aid staff in identification at administration and reduce the risk of administration errors. Photographs were not attached to the personal medication records, this was discussed with the manager who agreed to implement this following the inspection.

Copies of prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the young person's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when young people required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each young person could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to young people to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing monitoring. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines, which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded for medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

Young people who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the young person's medicines and this was shared with the GP and community pharmacist.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place that quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

There have been no medicine related incidents reported to RQIA since the last medicines management inspection. Management and staff advised that they were familiar with the type of incidents that should be reported. The inspector signposted staff to the RQIA provider guidance in relation to the statutory notification of medication related incidents available on the RQIA website.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that young people are well looked after and receive their medicines appropriately, staff who administer medicines to young people must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

Staff in the home had received a structured induction, which included medicines management when this forms part of their role. Competency had been assessed following induction however, it had not been regularly assessed thereafter. An area for improvement was identified.

Records of staff training in relation to medicines management and transcribing were available.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with standards.

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* the total number of areas for improvement includes four that have been carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. The timescale for completion commences 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 1 Stated: First time To be completed by: 20 December 2025	The registered person shall ensure that an effective system is in place to review staff competency in relation to management of medicines. Ref: 3.3.6
	Response by registered person detailing the actions taken: File had not been updated for changes of personnel and this has since been rectified. Manager shall ensure going forwards that all staff are up to date for competency assessment and records reflect same.
Area for improvement 2 Ref: Standard 21 (11) (12) Stated: Second time To be completed by: 16 January 2025	The registered person shall ensure that young people are able to and are encouraged to sign the complaints record to indicate their satisfaction or otherwise with the management and outcome of the complaint. There should be mechanisms in place to use this information to audit the effectiveness of the complaints process.
	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. Ref: 2.0
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 16 January 2025	The registered person shall ensure that Individual Crisis Support Plans (ICSPs) are regularly reviewed and updated as required and clearly outline any pre-agreed permissible holds that are appropriate to each young person's specific circumstances and history, explaining why it is necessary and how it supports the young person's safety and emotional regulation.
	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. Ref: 2.0

Area for improvement 4 Ref: Standard 2 Stated: First time To be completed by: 16 January 2025	The registered person shall ensure that young people have access to regular key work sessions that support their development and progress towards identified goals, with records clearly reflecting the effectiveness of these sessions and future plans. There should also be mechanisms in place to clearly evidence and audit these sessions. 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. Ref: 2.0
Area for improvement 5 Ref: Standard 17 Stated: First time To be completed by: 16 January 2025	The registered person shall ensure there are robust governance arrangements in place to ensure effective oversight and monitoring of staff's compliance rates in training areas aligned to the needs of the young people, in order to drive improvement in this area. This should also include as and when and domestic/auxiliary staff, as applicable. 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. Ref: 2.0



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