The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN047274

16 December 2025

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:** Belfast Health and Social Care Trust	**Manager status:** Not 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 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 16 December 2025, from 10.00am 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 inspection also reviewed the area for improvement identified at the last medicines management inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to: temperature monitoring of the medicines storage area, controlled drug records and staff competency assessments. In addition, the area for improvement in relation to recording omissions and refusal of medicines, identified at the last medicines management inspection has been stated for a second time.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the home would be given a period of time to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

Details of the inspection findings, and areas 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 advised that they were familiar with how each young person liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

Following the inspection, RQIA received four staff survey responses which were shared with the aligned care inspector for review and follow up. No responses were received from young people.

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 generally accurate and up to date. In line with best practice, a second member of staff had checked and signed the majority of 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.

All young people should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc. The manager agreed to implement care plans for young people who refuse their prescribed medicines with sufficient details to direct the required care.

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. However, the temperature of the medicine storage area was not monitored and

recorded to ensure that medicines were stored in accordance with the manufacturers' instructions. An area for improvement was identified.

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and 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. Some of the records were found to have been accurately completed. However, when medicines had been refused by the young person this had not always been recorded. An area for improvement was stated for a second time.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. Records of receipt, administration and disposal of a Schedule 2 controlled drug were being maintained on loose pages with multiple gaps in records. An area for improvement was identified. The audits completed at the inspection indicated that controlled drugs were being administered as prescribed.

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. Daily running balances of medicines were maintained on handover sheets 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 which 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.

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.

There were records in place to show that staff responsible for medicines management had been trained. However, no records were maintained to evidence that staff had been assessed as competent to manage and administer medicines. An area for improvement was identified.

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

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* 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. Inspection feedback was also provided to the manager via telephone following the inspection. The timescales for completion commence 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 2 **Stated:** Second time **To be completed by:** 16 December 2025	The registered person shall ensure that any omissions or refusals of medicines are documented and regular refusal is referred to the prescriber for review. Ref: 3.3.3
	Response by registered person detailing the actions taken: This has been addressed through a team meeting and subsequent email to all staff. The handover process has been amended to ensure extra oversight of these records and the management team are completing weekly audits to ensure any gaps are promptly rectified. Following recommendations from inspection, each young person willl have a medication care plan, highlighting GP/ pharmacy directions on medications, should they be refused regularly.
Area for improvement 2 **Ref:** Appendix 1, Standard 3 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that medicines are stored in accordance with the manufacturers' instructions. Ref: 3.3.2
	Response by registered person detailing the actions taken: A digital thermometer has been purchased and is now on the medication cabinet. Shift co-ordinator's are recording the daily temperature of the room, and an action plan is in place should it be observed the room is consistantly becoming too warm.
Area for improvement 3 **Ref:** Appendix 1, Standard 4 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that the receipt, administration and disposal of Schedule 2 and 3 controlled drugs are maintained in a controlled drug record book. Ref: 3.3.3
	Response by registered person detailing the actions taken: A pharmacy controlled record book has been put in place.
Area for improvement 4 **Ref:** Appendix 1, Standard 1 **Stated:** First time	The registered person shall ensure that the management of medicines is undertaken by trained and competent staff and systems are in place to review staff competency in the management of medicines. Ref: 3.3.6

To be completed by: 16 December 2025	**Response by registered person detailing the actions taken:** There were two staff whose training was outstanding - one has now completed this on 12.01.2026 and the other is booked for 12.02.2026. The staff member whose training is outstanding is not involved in administration of medicines. Medication competencies are underway with the staff team and to date nine have been completed and recorded. These dates will be recorded and will be reviewed annually or more frequently in the event it has been identified that further assessment would be beneficial.

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