The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN047324

9 October 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:** Independent Provider **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 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**.**	

2.0 Inspection summary

An unannounced inspection took place on 9 October 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 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 to ensure that staff were trained and competent to manage medicines and medicines were administered as prescribed. However, improvements were necessary in relation to personal medication records.

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 children, 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 children 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 child liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

No completed questionnaires or responses to the staff survey were received 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?

Children should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times childrens' 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.

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

Personal medication records were in place for each child. 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. However, in line with best practice, a second member of staff had not checked and signed the personal medication records when they were written and updated to confirm that they were accurate. An area for improvement was identified.

Obsolete personal medication records had not been archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly. This was addressed during the inspection.

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

All children 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.

Care plans contained sufficient detail to direct how children liked to take their medicines. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

Children did not require regular pain relief. Where pain relief was prescribed to be administered 'when required', staff advised that they were familiar with how each child expressed their pain and that pain relief was administered when required. A care plan was in place.

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 children'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 children required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. Satisfactory arrangements were in place for the storage of controlled drugs and the safe disposal of medicines.

The medicine storage cabinet was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each child could be easily located.

A template for recording the medicines storage temperature was put in place during the inspection and it was agreed that this would be monitored each day through the home's audit process. A medication refrigerator was available for use. Guidance on the correct process for checking refrigerator temperatures and resetting the thermometer was provided to staff.

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 children to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. 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. Mostly satisfactory arrangements were in place for controlled drugs, however, three pages in the controlled drug record book did not include the name, strength and formulation of the medication, this was discussed with staff for immediate corrective action and on-going monitoring by management. One missing staff signature was observed in the reconciliation records, this was discussed with management for on-going monitoring.

Management and staff audited the management and administration of medicines on a regular basis within the home. While regular medicines audits were conducted, review of recently completed audits found that some aspects of medicines management were not included in the audit process. It was agreed that a robust audit system, which covers all aspects of the management of medicines, would be implemented. The RQIA medicines management audit tool was shared with the manager following the inspection.

The date of opening had not been recorded on medicines to facilitate audit and disposal at expiry, however the date of opening of each medicine had been recorded in other records.

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

Children 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 each child'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 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 children are well looked after and receive their medicines appropriately, staff who administer medicines to children must be appropriately trained. The registered person has a responsibility to check that they 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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

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 have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	4*	2*

* the total number of areas for improvement includes five which are 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td>Area for improvement 1

Ref: Regulation 20 (1)

Stated: First time

To be completed by:
9 October 2025</td><td>The registered person shall ensure that personal medication records are checked and signed by a second staff member to confirm they are accurate and up to date.

Ref: 3.3.1</td></tr>
<tr><td></td><td>Response by registered person detailing the actions taken:
All current personal medical records have been audited and required signatures are present.
The Registered Manager and Deputy Manager or other competent staff membr shall co-sign all furture personal medication records when they are completed, ensuring that all medication policy and procedures are adhered to. The Registered Manager has implemented the RQIA Auditing tool which will ensure robust goverence of all medication procedures, which will include auditing of signatures on all personal medication records.</td></tr>
<tr><td>Area for improvement 2

Ref: Regulation 16

Stated: First time

To be completed by:
23 June 2025</td><td>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 for the shortest time period
• 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
• there is a timescale for review, which will involve review of its effectiveness/outcomes and the impact on the child.</td></tr>
<tr><td></td><td>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Ref: 2.0</td></tr>
<tr><td>Area for improvement 3

Ref: Regulation 16

Stated: First time

To be completed by:
23 June 2025</td><td>The registered provider shall ensure that strategies utilised by staff to manage behaviours which challenge are in line with Volume 4 of the Children Order Guidance and Regulations and support the safety and wellbeing of children at all times.</td></tr>
<tr><td></td><td>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</td></tr>
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	Ref: 2.0

Area for improvement 4 **Ref:** Regulation 25 **Stated:** First time **To be completed by:** 23 June 2025	The registered provider shall ensure evidence is available and maintained that all staff working in the home have been subject to safe and robust recruitment practices. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 26 February 2025	The registered person shall ensure the Children's Guide is adapted so that it is appropriate to the child's age and level of understanding. **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 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 23 June 2025	The registered person shall ensure that the children's home is conducted so as to promote and make proper provision for the welfare of children accommodated there. This should include robust internal and external governance mechanisms, with respect to safeguarding arrangements. **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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