



The Regulation and
Quality Improvement
Authority

Children's Home Inspection Report
IN047377
1 December 2025

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1.0 Service information

Service Type: Children's Home Provider Type: Health and Social Care Trust Located within: Northern Health and Social Care Trust	Manager status: Registered
Brief description of how the service operates: This home is registered to provide care for children/young people who have been assessed as having physical and/or learning needs/disability and in need of short breaks in 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 1 December 2025, from 9.50am to 12.50pm. 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 one area for improvement identified at the last care inspection. Two other areas for improvement, identified at the last care inspection, were carried forward for review at the next inspection.

Review of medicines management found that 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.

One area for improvement, in relation to medicines administered 'when required' for the management of distressed reactions identified at the last inspection, was assessed as met and no new areas for improvement were identified.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, 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 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?

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 bring their own prescribed medicines into the home with them at the beginning of their stay and unused medicines are returned at the end of their stay. The records in place facilitated a clear audit trail. Following discussion with staff, it was evident that when applicable, relevant healthcare professionals were contacted in as necessary.

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.

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 management of pain, distressed reactions, thickened fluids and epilepsy were reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a young person's behaviour and were aware that this change may be associated with pain and other factors. Records of administration included the reason for and outcome of each administration.

Some young people may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the young person should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the young person.

The management of thickening agents and nutritional supplements were reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration were maintained. Staff were reminded that the personal medication record should include the recommended consistency level for thickened fluids, instead of or in addition to the number of scoops of thickening agent to be used.

Some young people cannot take food and medicines orally; it may be necessary to administer food and medicines via a feeding tube. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration were maintained.

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

Staff were not usually responsible for ordering medicines, as prescribed medicines were brought in for each short stay. However, they regularly reviewed stock levels and advised of the procedures in place to ensure that each young person had a continuous supply of their medicines. The records inspected showed that medicines were available for administration when needed.

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 and the storage of controlled drugs, if necessary.

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. 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. Although there were no controlled drugs in the home at the time of the inspection, there were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, young people may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the young person's care plan. Written consent and care plans were in place when this practice occurred.

Management and staff audited medicine administration on a regular basis and at the end of every short stay. Any discrepancies were discussed at staff handovers. The audits completed at the inspection indicated that medicines were administered as prescribed.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of each admission. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

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.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents, which had been reported to RQIA since the last inspection, were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

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.

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.

Records of staff training in relation to medicines management, epilepsy awareness, buccal midazolam and the administration of nutrition and medicines via the enteral route were available.

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

4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* the total number of areas for improvement includes two that are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: 20 December 2024	The registered person shall ensure that the exterior of the home and interior communal areas are repainted.
	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 21 (11) (12) Stated: First time To be completed by: 15 February 2024	The registered person shall ensure that children, parents or carers satisfaction or otherwise with the management and outcome of the complaint is recorded. There should be mechanisms in place to use this information to audit the effectiveness of the complaints process and action taken to improve the care delivery following a complaint.
	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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