The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048804

24 March 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:** Health and Social Care Trust **Located within:** Belfast 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 been assessed as having intellectual 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

A short notice inspection took place on 24 March 2026, from 10.00am to 12.20pm. 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. Most medicine records 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 and the management of controlled drugs.

Whilst areas for improvement were identified, there was evidence that young people were being administered their medicines as prescribed. It was evident that staff knew the young people well.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new 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 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 and medicines were administered in accordance with the young person'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/consultation.

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.

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, at medication reviews or hospital appointments.

The personal medication records reviewed were 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. However, records did not include the allergy status of the young person and were not written to include the name, form and strength of each medicine prescribed and clear dosage directions. Advice was provided and an area for improvement was identified.

Obsolete personal medication records had been cancelled and archived.

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 epilepsy was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well 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 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 temperature of the medicine storage area was not monitored and recorded. This was discussed with the manager, who agreed to begin monitoring and recording temperatures when the service is operational, to ensure that medicines are stored appropriately. The manager

stated that a medicines refrigerator had been ordered and would be in place that week. The management of refrigerator temperatures and the records to be maintained when the service is operational were discussed.

Satisfactory arrangements were in place for the storage of controlled drugs and the safe return of medicines whenever young people were discharged.

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 that are subject to strict legal controls and legislation. The receipt, administration and disposal of controlled drugs should be recorded in a controlled drug record book. It was acknowledged that controlled drugs are held only occasionally and that reconciliation is completed at each admission and discharge. However, no controlled drug record book or reconciliation record of controlled drugs at handover of keys was maintained. An area for improvement was identified.

Management and staff audited the administration of medicines following every short break. The expiry date of medicines received was reviewed and recorded for each admission.

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 medicines prescribed were checked at each admission, with both the parent/carer and the prescriber, and that staff followed up any discrepancies in a timely manner. Only appropriately labelled medicines that could be identified were accepted.

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 incident, which had been reported to RQIA, was discussed. There was evidence that the incident had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were 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.

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 and buccal midazolam 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

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

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the registered manager, 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:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that all restrictive practices recorded in individual care plans are supported by clear evidence of agreement and ratification by the multidisciplinary team and parents, as appropriate. Processes should be in place for regular review, with records demonstrating oversight and monitoring to provide assurance that restrictive practices are applied appropriately and consistently, and in line with regulatory standards and best practice.
	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:** Appendix 1 - Standard 2 **Stated:** First time **To be completed by:** 27 March 2026	The registered person shall ensure that personal medication records are maintained appropriately to include the young persons' allergy status and the name, form and strength of each medicine prescribed and clear dosage directions. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Medication Administration Record (MAR) for each child has been reviewed, and accurate information has been updated where required. This information has also been replicated on the Medication Reconciliation Sheet to ensure that all medications received and returned are accurately recorded. In addition, staff are prompted at each visit to confirm whether any known allergies have changed.
Area for improvement 2 **Ref:** Appendix 1 - Standard 4 **Stated:** First time **To be completed by:** 27 March 2026	The registered person shall ensure that the receipt, administration and disposal of Schedule 2 and 3 controlled drugs is maintained in a controlled drug record book and stock balances of controlled drugs stored in the controlled drug cabinet are reconciled on each occasion when the responsibility for secure storage is transferred. Ref: 3.3.3
	Response by registered person detailing the actions taken: A Controlled Drugs Book has been implemented to strengthen governance and accountability. Recording now provides a clear and auditable record of the admission, administration, and

	discharge of all controlled drugs, supporting safe practice and ensuring full compliance with medication management standards.
Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that care plans are updated to reflect the assessed needs of each young person within the short break service. Plans should include risk assessments for specific activities or outings where appropriate, and evidence agreement and ratification with parents and the relevant multidisciplinary team.
	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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