



The Regulation and
Quality Improvement
Authority



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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 as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023) . The children and young people living in this home may have had adverse childhood 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 24 September 2024, from 9.50am to 11.50am. This was completed by a pharmacist inspector and focused on medicines management within the home.

One area for improvement identified at the last care inspection will be followed up at the next care inspection.

Review of medicines management identified that medicines were stored securely. Medicine records were largely well maintained. There were processes in place to ensure that staff were trained and competent to manage medicines and there was evidence that young people had been administered their medicines as prescribed.

Two new areas for improvement were identified. These are detailed in the quality improvement plan and include the record keeping for controlled drugs and audit procedures.

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.

The inspection was completed by reviewing a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines, to evidence how the home is performing in relation to the regulations and standards. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

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

Throughout the inspection the RQIA inspector will seek to speak with young people, their relatives or visitors and staff to obtain their opinions on the quality of the care and support, their experiences of living, visiting or working in this home.

Through actively listening to a broad range of young people, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The inspector spoke with a range of staff and management to seek their views of working in the home.

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.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any young person or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received by RQIA.

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 to staff for immediate corrective action and on-going vigilance.

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

All young people should have care records which detail their specific care needs and how the care is to be delivered. Care records contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed at the inspection indicated that medicines were administered as prescribed.

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. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

Satisfactory arrangements were in place for 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. 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. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. Although there were no controlled drugs held at the time of the inspection, recent records were examined. An appropriate controlled drug record book, which is a bound book with numbered pages, was not in place. Records of outgoing controlled drugs had not been accurately maintained for every occasion that controlled drugs were transferred.

Advice was provided on the necessary records to be maintained in relation to controlled drugs. The manager agreed to review the management of controlled drugs and the record book in place. An area for improvement was identified.

Staff audited medicine administration on a weekly basis within the home and records were maintained. The date of opening was not routinely recorded on medicines so that they could be easily audited and running stock balance checks in place were not consistently completed. Robust systems are necessary to audit all aspects of the management of medicines. An area for improvement was identified.

It was possible to audit the administration of medicines during the inspection, from records of medicines received, administered and disposed of and RQIA was assured that young people were administered their medicines as prescribed.

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

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 admission or for young people returning from hospital or other services. Written confirmation of prescribed medicines was obtained at or prior to admission. 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 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.

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 and the manager advised that refresher training and competency assessment was due and was planned to take place.

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

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

	Regulations	Standards
Total number of Areas for Improvement	1*	2

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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: 31 October 2024	The registered person shall ensure robust processes are in place for the implementation and review of restrictive practices. Records should clearly evidence that: <ul style="list-style-type: none"> - it is implemented on the basis of an assessed need or risk related to the individual young person - it is the least restrictive option and all other options have been exhausted - it has been agreed with the multi-disciplinary team, the young person and/or their representative as appropriate, - there is a timescale for review, which will involve review of its effectiveness and consider the need for a reduction plan, as necessary.
	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.
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 4 Stated: First time To be completed by: 8 October 2024	The registered person shall review the management of controlled drugs to ensure that a suitable controlled drug record book is in place and that records of outgoing controlled drugs are accurately maintained. Ref: 3.3.3
	Response by registered person detailing the actions taken: At the time of inspection there was no controlled medication prescribed for any of the residents. Since the inspection a Care Home CD Register (A4 numbered bound book) was purchased for the home and is locked in the fire proof filing cabinet within a larger locked cabinet, keys held by the shift coordinator.

<p>Area for improvement 2</p> <p>Ref: Appendix 1: Standard 1</p>	<p>The registered person shall ensure that there are robust systems in place to audit all aspects of the management of medicines.</p> <p>Ref: 3.3.3</p>
<p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (24 September 2024)</p>	<p>Response by registered person detailing the actions taken: A member of the management team (Deputy Team Leader) has been tasked to oversee all aspects of medication, inclusive of weekly audits, ordering, documentation, training and storage. Weekly medication audits are completed by the staff team and monthly audits completed by the Deputy Team Leader. Moving forward all medication to be dated when opened and boxes to be numbered if more than one of each medication. Deputy Team Leader reports to Registered person.</p>



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