

Children's Home Inspection Report IN046829 18 February 2025

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1.0 Service information

Service Type: Children's Home	Manager status: Registered	
Provider Type: Independent Provider		
Located within: Western Health and Social Care Trust		
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 adverge childhood	and/ar traumatia	

The children living in this home may have had adverse childhood and/or 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 18 February 2025, from 11.00am to 1.10pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the last medicines management inspection on 24 September 2024, evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to personal medication records, the management of controlled drugs and medicine audits. RQIA invited the registered person and members of the management team, to attend an enhanced feedback meeting on 3 October 2024. RQIA accepted the action plan and assurances provided by the management team, who were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Review of medicines management found that the necessary improvements had been implemented. 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. Young people were observed to be comfortable in the home and in their interactions with staff. It was evident that staff knew the young people well. The areas for improvement identified at the last medicines management inspection were 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 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. They advised that they were familiar with how each young person liked to take their medicines.

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so.

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.

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

All young people should have care plans which detail their specific care needs and how the care is to be delivered. Medicines management care plans contained sufficient detail to direct 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. The temperature of medicine storage area was 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.

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 medicine 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 pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of audits had been discussed with staff and action plans had been implemented and addressed. The date of opening was recorded on medicines to facilitate audit.

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.

The admission process for young people new to the home or returning to the home after receiving care in another service was reviewed. Robust arrangements were in place to ensure that the home was provided with a current list of the young person's medicines.

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.

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 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 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.

4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

* the total number of areas for improvement includes three which 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		
Stated: First time To be completed by: 6 June 2024	 only implemented on the basis of an assessed need or risk related to the individual young person for the shortest time period the least restrictive option when used and provide evidence all other options were exhausted agreed with the multi-disciplinary team, the young person and/or their representative, subject to review which will involve review of its effectiveness/ outcomes and the impact on the young person. 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	Ref: 2.0 compliance with The Minimum Standards for Children's	
Homes (Department of Ho		
Area for improvement 1 Ref: Standard 16 Stated: First time	The registered person shall improve existing quality assurance mechanisms in relation to care planning and risk management documentation; an action plan and regular review process should be developed which addresses any deficits or concerns regarding quality and inconsistency of recording.	
To be completed by: 6 June 2024	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	The registered person shall review the current arrangements in place to evidence/capture advice and guidance from the
Ref: Standard 16	multidisciplinary team within young people's care records; to inform and direct care planning and support continuity and
Stated: First time	consistency of specialist support upon admission, during placement and on transition.
To be completed by:	
4 July 2024	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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