

Inspection Report

Name of Service: Kings Castle

Provider: Messana Investments Ltd

Date of Inspection: 25 March 2025

1.0 Service information

Organisation/Registered Provider:	Messana Investments Ltd
Responsible Individual:	Mr Gerald Ward
Registered Manager:	Mrs Mary Peake, not registered
Service Profile: Kings Castle is a nursing home registered to provide general nursing care for up to 42 patients under and over 65 years of age. The home is spread over three main floors. Patients have access to communal dining and lounge areas and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 25 March 2025, from 10.15am to 4.00pm. 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.

Review of medicines management found that the majority of medicine records and medicine related care plans were well maintained. There were effective auditing processes in place and patients were administered their medicines as prescribed. However, improvements were necessary in relation to the disposal of controlled drugs, the standard of maintenance of the controlled drug record book, controlled drugs reconciliation checks and staff training in relation to record keeping for controlled drugs. Whilst areas for improvement were identified, there was evidence that patients were being administered their medicines as prescribed.

As a consequence of the inspection findings in relation to management of controlled drugs, RQIA invited the responsible individual and the manager, to attend an enhanced feedback meeting on 9 April 2025. At the meeting, the responsible individual and manager provided RQIA with details of the actions planned and taken to date. The actions necessary to achieve full compliance with the regulations and standards were discussed. RQIA accepted the assurances provided by the management team and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to enforcement action.

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).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from patients, 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 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 patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey 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?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' 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.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. 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. One minor discrepancy was highlighted for immediate corrective action and on-going vigilance.

All patients 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, thickening agents, insulin and warfarin was 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. One patient prescribed insulin required a care plan to be implemented to direct care. A thickening agent for one patient was not included on the personal medication record. Assurances were provided that these would be actioned immediately.

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 patient'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 patients 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 patient could be easily located. The temperature of the 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.

Review of the medicine disposal process identified that two controlled drugs had not been denatured prior to disposal on the morning of the inspection. An area for improvement was identified.

The management of medicines awaiting collection for disposal was reviewed. The manager was reminded that medicines awaiting collection for disposal should be stored securely to prevent unauthorised access.

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 patients 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. A small number of missed signatures were brought to the attention of the manager for ongoing monitoring. 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. Review of the controlled drug record book identified that a number of entries for the disposal of controlled drugs were incomplete or inaccurate. In addition, balances had not been brought to zero when controlled drugs were disposed of or carried forward. With the exception of one apparent discrepancy, review of the disposal book provided evidence that the controlled drugs had been disposed of by two members of staff. The controlled drug record book must be accurately maintained. An area for improvement was identified.

The manager was asked to investigate one apparent discrepancy in the controlled drug record book. The outcome of the investigation was received on 16 April 2025 and indicated a poor standard of record keeping rather than a discrepancy in the administration or disposal of controlled drugs.

Review of the records from 1 March 2025 identified that two staff had not signed some controlled drug reconciliations at shift handover. An area for improvement was identified.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that action plans had been implemented and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry. It was agreed that the standard of maintenance of the controlled drug record book would be included in the home's audit process.

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 patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. 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.

There have been no medicine related incidents reported to RQIA since the last medicines management inspection. The manager and staff advised that they were familiar with the type of incidents that should be reported. The inspector signposted the manager 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 patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients 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.

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

The inspection findings indicate that staff require further training/supervision in relation to record keeping for controlled drugs. An area for improvement was identified.

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 Regulations.

	Regulations	Standards
Total number of Areas for Improvement	4	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mary Peake, Manager, and Mr Gerald Ward, Responsible Individual, 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 Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 25 March 2025	The registered person shall ensure that the controlled drug record book is accurately maintained for (the receipt, storage, administration and disposal of) all controlled drugs subject to record keeping requirements. Ref: 3.3.3
	Response by registered person detailing the actions taken: Daily Controlled Drug checks in the morning and night by both staff nurses and improved handover system in place. Daily checks of Controlled Drug Register Book. A number of unannounced spot checks are done weekly by management and weekly audits continue.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 25 March 2025	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4, Part 1 are denatured prior to disposal. Ref: 3.3.2
	Response by registered person detailing the actions taken: The home's contract with Initial has been renewed to meet the needs of our services within the home. Staff nurses and senior members of staff are accountable and aware of denaturing protocol in the home and have attended denaturing training via Pharmacy Plus.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: 25 March 2025	The registered person shall ensure that stock balances of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements are reconciled on each occasion when the responsibility for safe custody is transferred. Records should be signed by both members of staff. Ref: 3.3.3
	Response by registered person detailing the actions taken: Home manager over looks and ensures all staff nurses and senior members of staff are aware of to have two signatures at all times. Training carried out to ensure staff are aware how to safely store and transfer controlled drugs and complete records.

<p>Area for improvement 4</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff receive further training/supervision in relation to record keeping for controlled drugs.</p> <p>Ref: 3.3.6</p>
<p>To be completed by: 9 May 2025</p>	<p>Response by registered person detailing the actions taken: Home manager has incorporated 'Medicines Management Audit Tool' from the RQIA and completes these monthly, home manager refers to the audit tool for extra guidance. Staff nurses and senior members of staff completed Pharmacy Plus Training. We had a staff meeting to discuss the RQIA inspection where staff nurses and senior members of staff are aware that they are accountable and responsible for safe and effective care. Staff nurses competencies are being completed for medicine management in care homes. There is open communication lines for all staff nurses and management to receive feedback and advice. Unannounced spot checks also continue. Our Standards of Practice regarding possession of controlled drugs in Kings Castle is adhered to and updated by home manager when necessary.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 28 November 2024	The registered person shall ensure that a detailed plan of care and associated risk assessments are commenced within 24 hours of admission to the home and completed within 5 days.
	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: 28 November 2024	The registered person shall ensure that all patients who are assessed to require bed rails have care plans and risk assessments in place. These are to be reviewed regularly to ensure that they are reflective of the patients' current needs.
	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 3 Ref: Standard 46 Stated: First time To be completed by: 28 November 2024	The registered person will ensure that all staff adhere to best practice in infection prevention and control and remain bare below the elbow to allow for effective hand hygiene. The registered person will ensure that deficits identified in Hand Hygiene Audits have detailed action plans and evidence oversight from the manager.
	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 4 Ref: Standard 35.6 Stated: First time To be completed by: 28 February 2025	The registered person will ensure that the manager has oversight of action plans to ensure that where deficits have been identified the necessary action is taken to drive improvement.
	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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