

Inspection Report

Name of Service: Kings Castle
Provider: Messana Investments Ltd
Date of Inspection: 17 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| 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. over three floors. Patients have access to communal dining and lounge areas and an enclosed garden. | |

2.0 Inspection summary

An unannounced inspection took place on 17 September 2025, from 10.20am to 1.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection 25 March 2025 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified 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. The management team 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.

Review of medicines management found that satisfactory arrangements were in place for the safe management of controlled drugs. Controlled drugs were stored securely. Controlled drugs records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage controlled drugs.

The four areas for improvement in relation to the management of controlled drugs, identified at the last medicines management inspection, were assessed as met and no new areas for improvement were identified. Areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details can be found 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 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. 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

The management of controlled drugs

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. There were satisfactory arrangements in place for the management of controlled drugs. The controlled drug record book was accurately maintained and two nurses had signed all records of receipt, administration and disposal of controlled drugs.

Records were maintained of controlled drug reconciliation checks at shift handover and all records were signed by two nurses.

Review of the disposal process for controlled drugs evidenced that two staff denatured all controlled drugs prior to disposal and records were accurately maintained in the controlled drug record book and the disposal book and were signed by two nurses.

Following the outcome of the last medicines management inspection staff had received training and supervision in relation to record keeping for controlled drugs. The manager completed spot checks and regular audits on the controlled drug record book and the reconciliation records to ensure they were completed accurately.

4.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 4* |

* the total number of areas for improvement includes four, which were 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 Mrs Mary Peake, Manager, and other members of the management team, as part of the inspection process and can be found in the main body of the report.

| Quality Improvement Plan | |
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| 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 |

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| <p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2024</p> | <p>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.</p> <p>The registered person will ensure that deficits identified in Hand Hygiene Audits have detailed action plans and evidence oversight from the manager.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p> | <p>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.</p> <p>Ref: 2.0</p> <p>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.</p> <p>Ref: 2.0</p> |



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