



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Kings Castle  
**Provider:** Messana Investments Ltd  
**Date of Inspection:** 24 September 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Messana Investments Ltd
<b>Responsible Individual:</b>	Mr Gerald Ward
<b>Registered Manager:</b>	Mrs Mary Peake – not registered
<b>Service Profile</b> – This home is a registered nursing home which provides general nursing care for up to 42 patients under and over the age of 65. The home is spread over three main floors and patients have access to communal dining and lounge areas and an enclosed garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 September 2025 between 10.00 am and 5.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 28 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

There was a calm atmosphere in the home and patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Due to the findings of the inspection, a meeting was held with the home's management team on 14 October 2025 with the intention to serve one Failure to Comply (FTC) notice in respect of The Nursing Homes Regulations (Northern Ireland) 2005:

- Regulation 21(1) (b) relating to staff recruitment.

At the meeting, the Responsible Individual and Manager discussed the actions taken since the inspection and plans in place to address the inspection findings. RQIA were sufficiently assured from the discussion held that action had been taken and would be taken to address the deficits identified; and the decision was taken not to serve the FTC notice.

As a result of this inspection, two areas for improvement from the previous care inspection were assessed as met and two areas for improvement have been stated for a second time.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **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 provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

#### **3.2 What people told us about the service**

Patients told us, 'it's lovely here', 'the food is class', "I've no complaints here". Some patients unable to articulate their opinions conveyed through positive body language such as smiling and nodding, that they were happy with the care, that they liked being in the home and that they liked the staff. Others said choice was given in how and where they spent their day; that staff offered for them to engage more socially but that most of the time they preferred their own company and comfort of their own room.

Patients enjoyed having their meals in various communal spaces around the home or in their own room and were able to choose this on each occasion.

Relatives told us that they felt confident in the care provided to their loved ones. They said they felt confident in the care staff who had made effort to know their loved ones well; and were satisfied with environment in the home.

There were no staff surveys or patient questionnaires returned following the inspection.

#### **3.3 Inspection findings**

### 3.3.1 Staffing Arrangements

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff responded in reasonable time to call bells or to patients who asked for assistance. The home have an Activities Coordinator who arranges planned activities. Patients and relatives spoke positively of these.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing. However; concerns were identified regarding staff recruitment processes. Staff recruitment records for two staff did not clearly evidence that a suitable Enhanced Criminal Disclosure had been obtained and verified, prior to staff commencing employment in the home.

In addition, selection and recruitment records for one registered nurse did not evidence that their professional qualification and professional registration had been verified prior to commencing employment within the home so as to ensure this remained in date and that there were no conditions placed on their registration.

Further discussion with the Manager and staff did not provide assurance that there was a robust system in place for the Manager to oversee selection and recruitment processes effectively and consistently. It was also concerning that these deficits had not been identified and/or addressed within existing governance systems, including Regulation 29 monthly monitoring reports.

These concerns were discussed at the meeting on 14 October 2025. The Responsible Individual and Manager provided assurances that the required checks were in place; and identified how they had improved their governance systems to demonstrate strengthened oversight by the manager. Two areas for improvement were also identified.

### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner.

Staff were attentive in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, staff were observed to engage patients with eye contact and to use positive touch to offer patients reassurance and comfort.

On one occasion, the inspector had to intervene to be assured that staff were not going to use unsafe moving and handling techniques to assist a patient. This was discussed with the staff at the time and immediately brought to the attention of the manager who agreed to complete supervision with the staff members. The manager confirmed following the inspection that this was completed and that further training had been arranged for staff in respect of safe Moving and Handling.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged to wear appropriate footwear, use their walking aids and utilise the call bell system to request assistance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

There were robust systems in place to manage patients' nutrition and mealtime experience. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Choice was given as to what people had to drink and whether they wanted condiments.

The importance of engaging with patients was well understood by the manager and staff. Staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities such as attending the hairdresser or to remain in their bedroom with their chosen activity such as reading or listening to music. Patients were offered newspapers and magazines which they appeared to enjoy browsing through. Staff were observed to be making efforts to make conversation with a variety of patients in the lounge area and have meaningful conversation with them while they provided assistance. For example, making conversation while assisting someone in a wheelchair.

Arrangements were in place to meet patients' social and religious needs within the home.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were not securely stored as the staff office was left unlocked. Patients' information was also found in communal areas. An area for improvement was identified.

Care records were well maintained, regularly reviewed and updated. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients may require special attention to their skin care. These patients were assisted by the correct number of staff to change their position regularly.

However; care records did not accurately reflect the patients' prescribed care; there was a dual recording system indicating different times recorded of care delivery, inconsistent records regarding prescribed frequency of repositioning. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to the patient such as paintings, photographs and ornaments. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The décor in some of the communal areas displayed photographs and artwork of the local area.

There is ongoing improvement to the environment such as painting and new carpets.

The domestic trolley was left unsupervised with cleaning chemicals accessible. An area for improvement was identified.

Staff were observed to use Personal Protective Equipment (PPE) appropriately. However, staff were observed to wear false nails/ painted nails. This area for improvement was stated for a second time.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mary Peake has been the manager since 19 January 2021.

Relatives and staff commented positively about the manager and described her as approachable. Relatives said that they knew who to report any concerns or complaints to and that they felt confident these matters would be addressed.

A record of compliments was maintained from relatives expressing thanks for the care received by their loved one.

Management had processes in place to monitor the quality of care and other services provided to patients, such as audits of the record keeping, weights, care plans, staff training records. Review of completed audits established that, where deficits were identified, there was limited evidence that appropriate action had been taken to address these. An area for improvement was stated for a second time. Some audits were completed by senior members of staff, but did not clearly evidence that the manager reviewed and maintained oversight of these records. A new area for improvement was identified.

## 4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	5*

\* The total number of areas for improvement includes two Standards that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 September 2025	The Registered Person shall ensure that robust and effective management systems are in place regarding staff recruitment.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> We have a new checklist in place regarding staff recruitment which we discussed with RQIA during Zoom call, copy of recruitment checklist was forwarded to RQIA after Zoom call.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 September 2025	The Registered Person shall ensure the domestic trolley will not be left unsupervised.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Spoke to domestic staff and explained the importance of not leaving trolley unattended - all COSHH e-learning training updated and regular spot checks completed.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time  <b>To be completed by:</b> 24 September 2025	The Registered Person will ensure that all staff adhere to best practice in infection, prevention and control and remain bare below the elbow for effective hand hygiene.  The register person will ensure that deficits identified in Hand Hygiene Audits have detailed action plans and evidence of oversight from the manager.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Have advised staff on the importance of ICP and being bare below the elbow when on duty. No jewellery except one band, no nail polish, no watches ect. Relayed this message again on our staff communication group. Completing regular hand-washing

	audits, spot checks on staff and this is also communicated during daily handover between staff.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> Second time <b>To be completed by:</b> 24 September 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.  Ref: 3.3.5  <b>Response by registered person detailing the actions taken:</b> Recognised that contacting staff via phone call is not enough - need to keep log of all conversations with staff members and audit them regularly.
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time <b>To be completed by:</b> 24 September 2025	The Registered Person will ensure that repositioning records are contemporaneous and in accordance with the individuals' prescribed care.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> We had both paper version and an electronic version - we removed the electronic version and kept the paper version which was commenced the evening of RQIA inspection.
<b>Area for improvement 4</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time <b>To be completed by:</b> 24 September 2025	The Registered Person shall ensure that all patients care records are securely stored.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> This is not a nurses office it is a main reception area that no paper / files are kept in. The diary was in the main reception on day of inspection which is now being kept in the managers locked office.
<b>Area for improvement 5</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> First time <b>To be completed by:</b> 24 September 2025	Completed audits clearly evidence the manager's review and oversight.  Ref: 3.3.5  <b>Response by registered person detailing the actions taken:</b> Audits have been signed and reviewed by myself but all audits will be double checked, verified and reviewed. This is all a learning curve for our home.

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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