The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Kings Castle

Provider: Messana Investments Ltd

Date of Inspection: 13 January 2026

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

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. 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 13 January 2026 from 2.40pm to 5.20pm by a care inspector and an estates inspector.

On 12 January 2026 patients were evacuated from the Castle side of the home following a carbon monoxide monitor alarming. Smoke was also present in this area. Staff worked well together safely evacuating all patients from the affected area. Northern Ireland Fire and Rescue Service (NIFRS) and Northern Ireland Ambulance Service (NIAS) attended the scene. Members of the NIFRS isolated the source and quickly rendered the home safe to return to.

On 13 January 2026 RQIA received anonymous whistleblowing concerns relating to fire safety, unsafe boilers for heating, the temperature in the home and concerns about the manager. In response to this information RQIA decided to undertake an unannounced inspection to focus on the concerns raised. During the inspection we reviewed the environment, consulted with patients and staff and reviewed estates documentation. The concerns raised were not substantiated.

Areas for improvement from the previous care inspection were not reviewed as part of this inspection and are carried forward for review at the next care inspection. There were no new areas for improvement identified at this 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 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.

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 were well presented and appeared comfortable and settled in their environment. They discussed the previous day's events and raised no concerns in relation to the environment.

Several of the staff on duty were also on duty the previous day during the evacuation. Staff were happy with their actions during the evacuation and felt that the evacuation ran smoothly. Staff raised no concerns in relation to the environment or fire safety. They confirmed that safety checks were completed and that they had not detected smoke in the home before. They confirmed that the manager was always available to provide guidance and they found the manager to be approachable at any time should they have a concern that they wished to raise. They felt that the home was always warm and comfortable to live and work in.

3.3 Inspection findings

3.3.1 The Environment

Patients were evacuated from the Castle side's first and second floors initially to the ground floor lounge and then, by request of NIFRS, to the lounge in the adjacent unit. All windows in the Castle side were opened as instructed by NIFRS, to allow fumes and smoke to escape. This will have reduced the temperature in the unit at this time. The source of the smoke and carbon monoxide led to the boiler located in an external boiler house attached to the home.

The boiler was turned off. A second back-up boiler was turned on to provide heat for the patients. Staff confirmed that this was the first time smoke and/or fumes had been reported in the home. By 5.00pm, NIFRS declared the unit safe for patients to return as the carbon monoxide levels had returned to zero. The manager and responsible individual confirmed that they followed all guidance given by NIFRS and advised that NIFRS staff will complete a planned follow up site visit for review.

The manager confirmed that the unit had been given a deep clean following the incident. On the day of inspection, the home was clean and smoke free. There were no fumes present on any of the floors and the temperature was warm and comfortable. All patients in the unit had been assisted with a shower following the incident. Patients were observed in their rooms or in the lounge. No complaints or concerns were raised from patients in relation to the environment or the handling of the incident.

Staff are commended on their swift actions when responding to the alarms.

3.3.2 Estates

Documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, Approved Codes Of Practice and best practice guidance. Having such systems in place helped ensure this situation was managed effectively.

A current and up to date fire risk assessment is in place. The action plan was in hand and will be fully addressed on completion of the planned upgrade of the home's fire alarm and detection system. The manager agreed confirm with RQIA when this has been completed. The existing fire alarm and detection system was subject to regular ongoing inspection and testing, and weekly user checks were also carried out and records in place.

The effected boiler has been repaired and returned to full working order.

4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

*The total number of areas for improvement includes seven 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 Mary Peake, Manager and Gerald Ward, Responsible Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 24 September 2025	The Registered Person shall ensure that robust and effective management systems are in place regarding staff recruitment. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 24 September 2025	The Registered Person shall ensure the domestic trolley will not be left unsupervised. Ref: 2.0
	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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 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: 2.0
	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.
Area for improvement 2 **Ref:** Standard 35.6 **Stated:** Second time	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: 2.0

To be completed by: 24 September 2025	
	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.
Area for improvement 3 **Ref:** Standard 4.8 **Stated:** First time **To be completed by:** 24 September 2025	The Registered Person will ensure that repositioning records are contemporaneous and in accordance with the individuals' prescribed care. Ref: 2.0
	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.
Area for improvement 4 **Ref:** Standard 5 **Stated:** First time **To be completed by:** 24 September 2025	The Registered Person shall ensure that all patients care records are securely stored. Ref: 2.0
	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.
Area for improvement 5 **Ref:** Standard 35.6 **Stated:** First time **To be completed by:** 24 September 2025	Completed audits clearly evidence the manager's review and oversight. Ref: 2.0
	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.

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