The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Kings Castle

Provider: Messana Investments Ltd

Date of Inspection: 26 February 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:	Ms 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 26 February 2026 from 9.30am to 4.45pm 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 care inspection on 24 September 2025.

As a result of this inspection, one area for improvement from the previous care inspection remained unmet and the remainder were assessed as having been addressed by the provider. Two new areas for improvement were identified in relation to nutritional screening and with the early morning routine. Full details, including the 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.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

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 that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "This is a great establishment; the comfort is good and the manager and staff are good," and, "I am comfortable and content in the home". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so.

There were no responses from the staff online survey and we received no questionnaire responses from patients or their visitors.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff were recruited safely and all pre-employment checks were in place prior to staff commencing in post. Newly employed staff had supernumerary time to complete an induction to become familiar with the home's policies and procedures under the supervision of more senior staff. Staff completed a suite of topics for mandatory training. This included the moving and handling of patients; theory and practical training. There was a robust system in place to ensure that staff were compliant with training requirements.

Staff told us that the staffing levels and skill mix was sufficient to meet the needs of the patients in their care. Staff felt that the teamwork in the home was good and that they communicated well with one another. Staff felt that they were supported well by the management team and felt confident that the manager would deal with any concerns regarding patient care that they may raise.

Patients spoke positively on the care that they received and of the staff who delivered the care. They raised no concerns on the staffing arrangements.

3.3.2 Record Keeping

A registered nurse assessed patients' needs at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. However, an area for improvement was identified to ensure that all patients received, at minimum, a monthly nutritional assessment. Care records were stored securely.

Assessments and care plans monitored patients' mobility and directed staff on the safe moving and handling of patients. Staff were observed in practice safely moving and handling patients.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients. Records of repositioning had been recorded well in accordance with patients' care plans. They were time specific and evidenced skin checks at the time of repositioning.

Discussion with patients and the cook evidenced that there was a vast range of food on the menu. Patients spoke positively of the food provision. The cook confirmed that if patients did not like the menu choices, there was always plenty of alternatives that they could get instead. Records of food and fluid intake were recorded where this was required.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

A review of the care records evidenced that several patients had received full assistance with personal care needs, including dressing into day clothing, during the early morning round at approximately 06.00. Staff confirmed that these patients did not get out of bed until around 08.30 as was their preference. This was discussed with the manager and an area for improvement was identified to ensure that only continence care would be provided to patients during the early morning round unless it was the patient's preference to get up at this time.

3.3.3 The Environment

The home was warm, comfortable and visibly clean. There were no malodours in the home. Rooms were personalised with patients' own belongings. We did not identify any inappropriate storage of equipment in patients' bedrooms. Doors leading to rooms containing hazards were locked.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. The responsible individual confirmed an update to the fire alarm system was in progress.

Several audits were conducted to monitor staffs' practices on hand hygiene and use of personal protective equipment. An area for improvement had been stated for the second time at a previous care inspection to ensure that staff remained bare below the elbow in areas where care was delivered. This is important to ensure effective hand hygiene. While the audits did identify when staff were not bare below the elbow, this was not sufficient in driving improvement as four staff were identified not bare below the elbow during the inspection. This was discussed with the manager and the area for improvement previously made was subsumed under regulation. A second area for improvement was also made to ensure that a more robust daily system was in place to monitor and make sure that staff remained bare below the elbow in the areas where care was delivered.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mary Peake has been managing the home since 8 January 2021. An application to register with RQIA as manager has been received and is in progress. Staff and patients spoke positively about the manager describing her as approachable and always available to give guidance.

As an internal governance strategy, a suite of audits was completed weekly/monthly to monitor the quality of care, staff practices and the environment. The manager had oversight of the audits evidenced with their signature on audit records. Audit records included comments of actions taken in response to deficits identified. We discussed the use of time-bound action plans where required.

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
Total number of Areas for Improvement	3	1

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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that training on infection control is embedded into practice and staff are bare below the elbow in the areas where care is provided. Ref: 3.3.3
To be completed by: With immediate effect (26 February 2026)	**Response by registered person detailing the actions taken:** The registered person is aware of the importance of staff being bare below the eblow. Spot checks have been completed by management and there is full compliance with all care staff and nurses regarding gel polish being removed. Fully compliant with Regulation 13.
Area for improvement 2 **Ref:** Regulation 10 (1) **Stated:** First time	The registered person shall put a robust daily system into practice to make sure staff are bare below the elbow and this is to continue until the improvement has been driven. Ref: 3.3.3
To be completed by: 31 March 2026	**Response by registered person detailing the actions taken**: Spot checks continue daily to highlight compliance regarding bare below the elbow, staff have been spoken to regarding this and have all removed gel polish and are bare below the elbow. Fully complaint within this area but daily reminders in staff communication group chat and huddle meetings still commence regarding bare below the elbow.

Area for improvement 3 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person shall ensure that patients are not fully washed and dressed during the early morning rounds unless they are wakening for the day and getting up or remaining in bed as per their care plan. Ref: 3.3.2
To be completed by: With immediate effect (26 February 2026)	**Response by registered person detailing the actions taken**: Night staff have all been spoken to and understand that unless residents are wakening up for the day or remaining in bed per their care plan that residents are not to be washed and dressed. Spot checks were done during night duties and there is full compliance that night staff are not fully washing and dressing residents and care plans are being followed.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 Criteria (4) **Stated:** First time	The registered person shall ensure that each patient in the home has, at minimum, a monthly nutritional assessment. Ref: 3.3.2
To be completed by: With immediate effect (26 February 2026)	**Response by registered person detailing the actions taken:** The registered person will ensure all residents have a monthly nutritional assessments, since day of inspection this has been met by staff nurses. All staff nurses have been spoken to and are aware that all residents must have a MUST score within allocated time frame, this is monitored by the registered person. Staff had MUST training with South Eastern Trust dietician and certifcates gained.

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

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