The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carlingford Lodge Care Home

Provider: Healthcare Ireland No 4 Limited

Date of Inspection: 3 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:	Healthcare Ireland (No 4) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Amanda Lacey – not registered

This home is a registered nursing home which provides general nursing care for up to 58 patients under and over 65 years of age, including patients living with dementia.

Patients are accommodated over two floors. Patients with dementia are cared for on the lower ground floor and patients requiring general nursing care are cared for on the ground floor. Patients have access to communal lounges, dining areas and outside space.

A residential care home occupies a corridor of the ground floor and the manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 3 February 2026 from 10.30 am to 2.30 pm by care inspectors.

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 27 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing and care records. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider and one new area for improvement has been identified. Details 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "I'm settled and my room is always clean. I'm well cared for and compliment the nurses and staff. Sometimes I go to the activities and sometimes not, as I like to plan my own time" and "The staff are nice. I have a comfortable room and the home's always clean and warm. The food's good and I enjoy attending the activities. I've nothing to complain about".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

A patient's relative spoken with said, "The staff are accommodating and welcoming. I have no issues".

Staff confirmed that there were good working relationships; morale was good; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home; that the manager was approachable and they felt well supported in their role.

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients. Records checked and discussion with staff confirmed they had received practical training in relation to moving and handling. However, discussion with the activity therapist evidenced that they did not receive an effective induction into the role or bespoke training on activity provision. This was discussed with the manager and identified as an area for improvement.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt 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.

It was observed that staff respected patients' privacy and dignity by knocking on patients' doors before entering, offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as bowling, flower arranging, reminiscence sessions and arts and crafts. On the afternoon of inspection, a trip to a local café was arranged for patients. Patients spoken with said they enjoyed the activities they attended.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked and equipment used by patients such as hoists were noted to be effectively cleaned.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Amanda Lacey has been the Manager in this home since 7 April 2025. An application to register as manager has been received by RQIA.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Review of the homes complaint's records evidenced that systems were in place to ensure that complaints were managed appropriately.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Findings of the inspection were discussed with Mrs Amanda Lacey, Manager, and Mrs Karen Agnew, Regional Manager, 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39 **Stated:** First time **To be completed by:** 3 March 2026	The registered person shall ensure that staff receive adequate induction, support and are trained for their roles and responsibilities. This relates specifically to staff induction and training regarding the provision of activities. Ref: 3.3.1
	Response by registered person detailing the actions taken: The newly appointed activity's therapist has now completed the HCI induction programme for Activity Therapists and has been appointed a mentor who is a very experienced activity's therapist in a nearby HCI facility for further support and guidance

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The Regulation and Quality Improvement Authority

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