The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Nightingale Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 16 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 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mr Andrei Popescu – not registered
Service Profile – This home is a registered residential care home, which provides health and social care for up to 10 residents. Accommodation is provided on ground floor level with shared communal living and dining rooms. There is a separate registered nursing home, which occupies the same building, and the manager for this home manages both services.	

2.0 Inspection summary

This unannounced inspection took place on 16 February 2026, from 9.20am to 2.10pm. This inspection was conducted 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 six areas for improvement identified by RQIA, during the last care inspection on 23 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The six previous area of improvement were assessed as met.

It was evident that staff promoted the dignity and well-being of residents.

Residents said they were satisfied with the care in the home and that staff were kind and attentive. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two new areas of improvement were identified during this inspection. These were in relation to an unmet need for a specific resident and a fire safety action plan.

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 residents, 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

Residents said that they were very happy in the home, that staff were kind and attentive and that they enjoyed the meals. Some comments made included the following statements; "They (the staff) are very good here. have plenty of friends here, which is good." and "It's excellent. You could not ask for better. You couldn't complaint about a thing."

Staff spoke positively about their roles and duties, the provision of care, training, staffing levels and managerial support.

One visiting relative said that the staff in the home were very good despite the busy workload and said they were happy with the care provided.

There were no returned resident / representative questionnaires received on time for inclusion to this report.

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 residents. There was evidence of robust systems in place to manage staffing.

Residents 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.

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

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff interactions with residents were seen to be friendly, warm and supportive.

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

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

An area of improvement was made to arrange a care review meeting for an identified resident and their unmet need, with their aligned named worker, with subsequent appropriate action.

Observation of the dinnertime meal, review of records and discussion with residents and staff evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience.

The dinnertime meal looked appetising, wholesome and nicely presented.

The weekly programme of social events was displayed on the noticeboard with residents advising of future events. The genre of music and television channels played was in keeping with residents' age group and tastes.

Residents' needs were met through a range of individual and group activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' 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 residents' needs. Care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy, with a good standard of décor and furnishings being maintained. Communal areas were suitably furnished and comfortable. Residents' bedrooms were tastefully furnished and personalised. Bathrooms and toilets were clean and hygienic.

The catering department was tidy and well organised.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment had recorded actions taken in response to the recommendations made. A Northern Ireland Fire & Rescue Service report, dated 17 December 2025, had three recommendations with no corresponding evidence of actions taken. An area of improvement was made for a time bound action plan to be submitted detailing how these recommendations will be addressed.

Fire safety training, safety drill and fire safety checks were maintained on a regular and up-to-date basis.

The grounds of the home were suitably maintained.

Infection prevention and control protocols and practices, including staff training, were found to be suitably in place.

3.3.5 Quality of Management Systems

Mr Andrei Popescu is the manager of the home. Staff spoke positively about the managerial arrangements in the home, saying that they would readily feel comfortable about raising any issues of concern.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the resident's next of kin and their aligned named worker, and as appropriate to RQIA.

The manager had a system of quality assurance audits in place with corresponding action plans to address issues identified. These audits included; care records, residents' weights, nutrition, restraint and environmental audits.

The home was visited each month by a representative on the behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These reports are available for review by residents, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Two 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	1	1

The two areas for improvement and details of the Quality Improvement Plan were discussed with Mr Andrei Popescu, Manager, 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 Residential Care Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 **Ref:** Regulation 27(4)(a) **Stated:** First time	The registered person shall submit a time bound action plan detailing how the three recommendations, from the NIF&RS report dated 17 December 2025, will be addressed. Ref: 3.3.4
To be completed by: 16 March 2026	**Response by registered person detailing the actions taken:** The three recommendations from the NIF&RS have all been addressed . Action plan submitted with QIP
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 **Ref:** Standard 9.3 **Stated:** First time	The registered person shall arrange a care review meeting for an identified resident and their unmet need, with their aligned named worker, with subsequent appropriate action. Ref: 3.3.2
To be completed by: 16 March 2026	**Response by registered person detailing the actions taken:** Care review has been completed and the relevant care plan has been updated

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

The Regulation and Quality Improvement Authority

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