

Inspection Report

Name of Service:	Carrickfergus Manor
Provider:	Healthcare Ireland (Belfast) Limited
Date of Inspection:	16 April 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 (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Ms Ildiko Tokes
Service Profile – This home is a registered residential care home, which provides health and social care for up to 43 residents living with dementia. The home is situated on the ground floor of the building and is divided into two units, De Courcy and Dunluskin. Residents' bedrooms all have en-suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area. There is a separately registered nursing home which occupies the first floor of the same building. The registered manager manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2026, from 9.45 am to 5.00 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 29 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. 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 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 spoken with described staff as 'very good'. Resident's comments included; "I like it, we are well looked after," "Sure it is great here, they are very good," and "They are all very nice people."

Resident's relatives told us that they were always made feel welcome when they visited the home. One residents' relative said, "The home is very accommodating, the staff are so lovely and helpful," a second relative said, "They are so good, fantastic."

Staff said that they enjoyed working in Carrickfergus Manor; staff said, "It's very busy, but we are well staffed," and "This is a good team, we are well supported by our managers."

A professional visiting the home said, "Great home, they are very easy to work with, there is great communication and very responsive staff."

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.

There was evidence of inductions in place for agency staff, however these inductions had not been fully signed or dated by either the inductee or the member of staff carrying out the induction. An area for improvement was identified.

Staff said there was good teamwork and that they felt supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff confirmed that they attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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 residents' choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care..

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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

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

The importance of engaging with residents was well understood by the manager and staff.

Observation of the planned activity, armchair aerobics confirmed that staff knew and understood residents' preferences and wishes. Staff were observed supporting residents throughout the day to participate in a variety of activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. The weekly programme of social events was displayed advising residents and their relatives of future events.

Activities for residents were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated, and residents told us that they were looking forward to an upcoming birthday party.

A review of records confirmed that residents participated in resident's meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

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.

Residents care records were held confidentially.

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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. It was positive to see that new chairs had been supplied to the home and more chairs were on order.

The home is designed to support residents living with dementia. For example, the home was well lit with contrasting colours throughout. The communal areas and bedrooms were spacious which ensured that residents could navigate the home safely.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ildiko Tokes has been the manager in this home since 1 February 2024

Residents, their relatives and staff all commented positively about the management team and described them as supportive, approachable and able to provide guidance.

A system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them and took measures to improve practice, the environment and/or the quality of services.

Compliments to the home referred to the 'Excellent care' and the 'invaluable support.' these compliments were shared with the staff.

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	0	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 Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 20 Stated: First time To be completed by: 17 April 2026	The Registered Person shall ensure that all documentation in relation to agency inductions are signed and dated by all relevant staff. Ref: 3.3.1 Response by registered person detailing the actions taken: At the moment we do not have any resident who requires 1-1 care within the unit. However following inspection all staff were informed via meetings and safety huddle re correct completion of agency induction on each line with signature and date.

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



The Regulation and
Quality Improvement
Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews