

Inspection Report

Name of Service: Carrickfergus Manor

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 15 June 2026

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

1.0 Service information

Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Ms Ildiko Tokes
Service Profile – This home is a registered nursing home which provides general nursing care for up to 47 patients. Patients' bedrooms, communal lounges and dining rooms are located within two units on the first floor of the home and patients can access an enclosed garden area from the ground floor. There is a separately registered residential care home on the ground floor of the home; the registered manager manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 15 June 2026 from 9.10 am to 6.35 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection seven 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 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I like the staff, they are all very friendly", "The care is wonderful" and "I watch TV and read. I am happy in my own company."

Relatives commented positively about the overall provision of care within the home. Comments from relatives included, "The staff are lovely and the care is excellent"; "The care is so good. I can't speak highly enough of the staff" and "I am happy with the care. Good manager and staff are great. They are hardworking."

Staff spoken with said that Carrickfergus Manor was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "Teamwork is very good with all staff and we feel supported. The managers are approachable and accessible."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work 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 patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Net pants were not labelled for individual patients, were laundered together and redistributed between patients. The sharing of net pants does not support patient dignity or their right to wear clothes which are exclusively for their use. This was discussed with the manager who arranged for them to be disposed. The manager agreed to highlight this issue with staff and review the current system in use in the laundry. An area for improvement was identified.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Concerns were identified in relation to the supervision of patients requiring assistance at mealtimes. It was observed that some patients were not appropriately supervised in keeping with their assessed needs. An area for improvement was identified.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. Some plastic glasses provided to patients were visibly stained and worn. This was discussed with the manager who arranged for these to be disposed of and new glassware to be provided.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as quizzes, craft mornings, hand massage, therapy dog, singing and reminiscing and exercise. Plans were in place to celebrate Father's Day in the home.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner.

Nursing staff recorded regular evaluations about the delivery of care. Examination of a selection of care records confirmed that some evaluations contained repetitive statements that were not person centred. This was discussed with the manager who provided assurances that this will be addressed with registered nursing staff and improvements will be monitored through their audit systems.

Information relating to patient care and treatment was observed to be accessible in the nurses office's on both floors as the door was unlocked and the room was unsupervised. This was discussed with staff who took necessary action to secure access to the information. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were generally well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient. However, surface damage was evident on identified walls and some woodwork required painting. Some floor coverings required cleaning on replacing. This was discussed with the regional manager who provided assurances that these works formed part of an updated refurbishment plan which would be shared with RQIA once available.

Multiple beds were found to be dressed with bed linen that was stained or of poor quality. This was discussed with senior management who confirmed that there was sufficient clean bed linen in the home and arranged for the identified bed linen to be changed immediately. An area for improvement was identified.

Concerns about the management of risks to the health, safety and wellbeing of patients were identified. Cleaning chemicals were unsupervised in an identified lounge allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action. An area for improvement was stated for a second time.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed there were no outstanding actions following the most recent fire risk assessment.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Ildiko Tokes has been the registered manager since 2 February 2024.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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*	2

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Ildiko Tokes, registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (1) (b) Stated: Second time To be completed by: 15 June 2026	The registered person shall ensure the nurses station doors are kept locked on all occasions when the stations are unoccupied in order to ensure that patients care records and other confidential information are not accessible. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: Reiterated to all staff th importance of maintaining confidentiality and to ensure the nurses station doors are locked and no access to resident records on the computer and or care records.General supervision given to all staff and to form part of staff meeting agenda. Daily spot checks to be completed by Home Manager and Deputy Manager as part of daily walkround.All checks recorded
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) Stated: Second time To be completed by: 15 June 2026	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is stated in reference to access to the treatment room, cleaning chemicals and staff belongings. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: All staff reminded to the importance of residents safety, and accesible areas to be kept free from any hazards . Staff who left the cleaning trolley unattended it was explained to the staff member, the importance of having the trolley in reach . Reflective Practice provided. . The staff member understood the importance and risk associated with the trolley left unattended. Shared learning for team cascaded via safe care huddle. To be monitored as part of the daily walkround of the home.

Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: 15 June 2026	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 3.3.2 Response by registered person detailing the actions taken: All staff reminded of the importance of residents supervision as per SALT advice and to assist one resident at any given time during the mealtime experience . Reflective Practice completed and shared learning for all staff.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 6.11 Stated: First time To be completed by: 15 June 2026	The registered person shall ensure that net pants are provided for individual patient use and that any unlabelled items of clothing are identified and disposed of to eliminate the potential for communal use. Ref: 3.3.2 Response by registered person detailing the actions taken: All items removed on day of inspection with immediate effect and shared learning carried out with the Laundry and care staff to ensure no communal use of net pants
Area for improvement 2 Ref: Standard 44.1 Stated: First time To be completed by: 15 June 2026	The registered person shall ensure bed linen and clothing is of good quality and changed when required. Ref: 3.3.4 Response by registered person detailing the actions taken: All staff reminded of the importance of infection control and the changing of bed linen when required. Daily spot checks completed by the Home Manager and Deputy Manager and outcomes recorded An inventory of linen has been completed and although adequate a further order has been placed to ensure no stock concerns.

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