The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carlingford Lodge Care Home

Provider: Healthcare Ireland No 4 Limited

Date of Inspection: 29 July 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

This home is a registered nursing home which provides general nursing care for up to 60 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 announced inspection of Carlingford Lodge Care Home took place on 29 July 2026 from 1.30 pm to 3.25 pm by an estates inspector and a care inspector.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2022.

The inspection sought to assess an application submitted to RQIA on 14 February 2025 for the registration of two new bedrooms in order to increase the number of registered places from 58 to 60 at Carlingford Lodge Care Home.

Areas of good practice were identified in relation to the home's environment and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

Information has been gathered throughout the registration process. Scrutiny of this information means that the use of the new bedrooms within this nursing home is permitted from a care and estates perspective.

This inspection resulted in no new areas for improvement being identified. As a result of this inspection; one area for improvement previously identified, has been carried forward for review at a future inspection.

Findings of the inspection were discussed with Mrs Amanda Lacey, Registered Manager, and and Mrs Karen Agnew, Regional Manager, as part of the inspection process and can be found in the main body of the 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 they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

This inspection consisted of a review of estates related documents held in the home and submitted by the provider prior to the inspection. A visual inspection of the internal accommodation was undertaken and any issues identified were discussed with the manager and the management team at the conclusion of the inspection.

3.2 Inspection findings

3.2.1 The Environment

We inspected the home's two new bedrooms in the Dementia Unit. We found that they had been completed to a high standard, were tastefully decorated, clean and hygienic throughout. Fire exits and corridors were clear and free from obstruction. Patients will have access to the existing communal space within the home.

Assisted bathrooms, sluice rooms and a number of assisted toilets are suitably located throughout the premises. Each has hand washing facilities, liquid soap and disposable hand towels available. In addition to hand washing facilities, hand sanitizing gel is available along with stations holding personal protective equipment throughout the home.

3.2.2 Health & Safety, Building Services & Statutory Controls

Documentation presented during the inspection indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. All relevant risk assessments, including for fire and water safety, had been reviewed to take account of the alterations and additions made to the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

A current water safety risk assessment was also in place, and suitable control measures have been implemented and continue to be maintained by the provider. All seldom used water outlets are flushed in accordance with the risk assessment by staff within the home.

3.2.3 Staffing

We discussed staffing arrangements with the manager who told us staff currently employed had completed a period of induction and mandatory training; staffing levels will be kept under continual review once admissions commence to the two new bedrooms in the home to ensure the assessed needs of patients are met. This will include a review of domestic staff hours in order to facilitate this.

There was a system in place to monitor staffs' compliance with mandatory training. During the inspection the manager confirmed that staff had completed mandatory training.

3.2.4 Admission arrangements

We discussed the plan in place for admissions to the home with the manager. Admissions will be undertaken following extensive pre-admission assessment with patients who will be offered the opportunity to view the home and meet with staff prior to moving in where possible. The home aims to offer patients choice and independence in a supportive environment. The manager told us that Carlingford Lodge Care Home will offer patients a full and varied programme of meaningful activities to meet their individual interests and needs.

The Patients' Guide was reviewed prior to the inspection. It was found to contain relevant information regarding the aims and objectives, facilities available and the philosophy of care of the home.

3.2.5 Safeguarding

The home has an adult safeguarding policy and procedure in place which is consistent with current regional guidance. Ms Natalie Magee, Quality Director, is the adult safeguarding champion for the home. We discussed deprivation of liberty safeguards (DoLS); the manager confirmed that processes and policies were in place to manage and review DoLS within the home. The pre-admission assessment and liaison with the local Health and Social Care Trust, will determine if individual patients are subject to DoLS and will inform care planning and review in this area.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Amanda Lacey, Registered Manager, and Mrs Karen Agnew, Regional Manager, as part of the inspection process and can be found in the main body of the report.

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: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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

The **Regulation** and **Quality Improvement** Authority

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