The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lough Neagh**

Provider: **Lough Neagh Nursing Home**

Date of Inspection: **17 September 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:	Lough Neagh Nursing Home
Responsible Individual:	Miss Mary Helen O'Hanlon
Registered Manager:	Miss Bronach Campbell
Service Profile – the home will provide nursing care for up to 26 patients. Patients' bedrooms are located over three floors. Shoreline unit will be a designated dementia unit to provide accommodation for ten patients on the lower ground floor. The Loughview unit will provide general nursing care on the ground and first floor. The home will also be registered to care for patients with a physical disability. Patients have access to communal dining and lounge areas.	

2.0 Inspection summary

An announced inspection of Lough Neagh took place on 17 September 2026 from 10.00 am to 2.00 pm. The inspection was conducted by an estates inspector and a care inspector. The purpose of the inspection was to review the condition added to the registration of Lough Neagh on 21 November 2018 which stipulates that no patients may be admitted to Lough Neagh without prior inspection by RQIA.

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

An application was also submitted for the registration of Mary O'Hanlon as the responsible individual and Bronach Campbell as the registered manager both of which were approved prior to the inspection.

At the conclusion of the inspection process RQIA were pleased to confirm that registration of the home with RQIA was approved and that the admission of patients could proceed.

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.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager and the responsible individual at the conclusion of the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

The manager confirmed that staff, including registered nurses and care staff had been recruited and that all the required checks had been completed in keeping with regulation.

Discussion with the manager confirmed that the outline proposed staffing levels have been planned for each unit and would be reviewed in accordance with the health and welfare needs of the patients to be accommodated. Staffing levels will be reviewed at future care inspections.

There is a system in place to monitor staff compliance with mandatory training.

A system is in place to manage the registration of nurses and care staff with their professional bodies including the Nursing and midwifery Council (NMC) or the Northern Ireland Social Care Council NISCC).

3.3.2 Admission arrangements

We discussed the plan in place for admissions to the home. The manager explained that comprehensive pre-assessments would be completed for all perspective patients. Admissions will be phased to allow patients time to settle into the new environment of the home.

Staffing levels will be reviewed to ensure patient needs are met.

3.3.3 Safeguarding

The manager confirmed that processes and policies were in place to manage and review Deprivation of Liberty Safeguards (DoLS) within the home. The pre-admission assessment will confirm if individual patients are subject to DoLS and will inform care planning and review.

3.3.4 Statement of purpose and patient guide

A copy of the Statement of Purpose and Patients' Guide was submitted to the RQIA prior to the inspection and updated following the visit. It was noted that the documents had been developed in keeping with the regulation. Discussion with the management team confirmed that both documents would remain subject to review and amendments in response to any changes in the service.

3.3.5 Quality and Management of Patients' Environment

Patient accommodation offers a selection of bright and spacious rooms for a maximum of 26 patients.

Patient accommodation has been furnished with a single bed and a range of furniture providing storage for patients' personal processions. A nurse call system which services all patient areas has been provided in the home.

Assisted bathrooms, sluice rooms and a number of assisted toilets are located throughout the home. Each have hand washing facilities, liquid soap and disposable hand towels available. In addition to hand washing facilities hand sanitizing gel is available in wall mounted dispensers. Stations holding personal protective equipment (PPE) are located in the home.

The communal spaces, which are located throughout the premises, were found to be bright, airy and presented to a very high standard. Laundry facilities are also on site. The main kitchen is fully fitted for the provision of meals within the home.

The outdoor space was accessible to patients and had a range of seating to accommodate patients. There was also designated smoking areas for patients as required.

3.3.6 Governance and management arrangements

In discussion with the manager, they had a sound understanding of their role, responsibility and accountability under the legislation. The organisational structure was set out in the Statement of Purpose and patients' guide. A planned schedule of audits has been developed to monitor and evaluate the quality of nursing and other services provided in the home.

A range of operational policies and procedures were available in the home. A system was in place to manage, for example, complaints and reporting of notifiable events to RQIA and other relevant bodies.

3.3.7 Built Environment and Estates arrangements

Documentation presented prior to, during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, Approved Codes of Practice and other relevant best practice guidance.

The fire risk assessment had been undertaken by a suitably accredited fire risk assessor and any issues noted on the action plan had been addressed or in the process of being addressed. Fire safety records inspected confirmed that all physical systems were being maintained in accordance with best practice guidance.

A current legionella risk assessment was in place and the required control measures were in the process of being implemented and will continue to be maintained as required when the home is occupied. Water samples taken from outlets throughout the premises prior to the inspection confirmed that legionella bacteria was not detected at any outlet.

The accommodation as specified in this service application was inspected and found to be compliant with current Department of Health Minimum Standards.

The external grounds and gardens were found to be suitably secured and fit for the intended purpose.

A number of items requiring attention were identified during the inspection. However, these were addressed before the inspection concluded.

From an estates perspective RQIA were satisfied that the premises were suitable to meet the aims and objectives, as described in the home's Statement of Purpose.

4.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.

Findings of the inspection were discussed with the management team.

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

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