The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Loughshore 1

Provider: Amore (Watton) Limited

Date of Inspection: 17 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:	Amore (Watton) Limited
Responsible Individual:	Miss Sarah Elizabeth Perez
Registered Manager:	Mrs Charlene Reid
Service Profile – This home is a registered residential care home which provides health and social care for up to 15 residents. The home is divided in to three units over two floors. Residents' bedrooms all have en-suite facilities. Residents have access to communal lounges, dining rooms and individual enclosed garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 17 February 2026, between 10.00 am and 4.00 pm by a care inspector.

Prior to the inspection RQIA received information raising concerns in relation to the provision of care to residents, meals provided, cleanliness of the home and the use of social media. In response to this information, RQIA decided to undertake an unannounced inspection which focused on these concerns.

Areas for improvement identified at the last care inspection on 3 April 2025 were also reviewed as part of this inspection.

The concerns raised were not substantiated during this inspection. 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 evident 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 five 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 described staff as "nice" and "very good". Residents spoken with said that they were happy living in Loughshore 1. Comments included, "The staff are good to me, the food is very good," and "It's very good, the staff help."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could choose when they wished to have their meal and what daily activity they wished to attend.

Staff said that they enjoyed working in Loughshore 1, staff comments included, "I love working here, I love coming to work," "I feel really supported by the management, I have received lovely guidance from the deputy," and "I love it here, the staffing is good and there is good support from the manager."

No additional feedback was received from residents, relatives or staff questionnaires following the inspection.

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.

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

Staff said there was good teamwork and that they felt well supported in their role.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day, for example, going out for coffee, spending time with family or taking part in activities.

A review of staff training indicated that some staff had not attended fire evacuation drill training within the required timeframe; an area for improvement was identified.

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 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. For example, staff were observed supporting different residents throughout the day when they became anxious of were looking for reassurance.

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 they wanted to engage socially with others.

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. The menu for the day was displayed throughout the home and residents confirmed that they were offered a choice at all meal times.

Mealtimes were flexible to suit the needs of each individual resident. Staff were observed offering choices of meals to the residents. Residents commented positively about the provision of meals in the home, one resident said, "The food is very good, the new cook is good"

The importance of engaging with residents was well understood by the manager and staff. Each resident had their own individual activity planner, activities included swimming, art, games and walks. On the day of the inspection, some residents were being supported to make pancakes, while other residents were out attending a local Boccia tournament. Residents were also observed chatting with staff, going out for a walk and going to a local café for a coffee.

Review of records and discussion with residents confirmed that residents were encouraged to participate in regular residents' 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 plans 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 and their families, 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.

Artwork and photographs of residents' activities were displayed throughout the home.

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.

Review of records 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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Charlene Reid has been the registered manager of this home since 26 January 2024.

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

Drop in sessions were available for staff to discuss or raise any concerns they had with the manager. Staff confirmed that that they were confident that the manager would address any concerns raised.

Review of a sample of records evidenced that a robust 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 or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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 Charlene Reid, 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 Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 **Ref:** Standard 29.6 **Stated:** First time **To be completed by:** 31 March 2026	The registered person ensure that all staff participate in a fire evacuation drill at least once a year. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Manager will ensure that all staff participate in a fire evacuation drill at least one per year.

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