

Inspection Report

Name of Service: Loughview Fold

Provider: Radius Housing Association

Date of Inspection: 2 June 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:	Radius Housing Association
Responsible Individual:	Mr Greer Wilson- not registered
Registered Manager:	Mrs Helen Craig
Service Profile – This home is a registered residential care home which provides health and social care for up to 28 residents, and for residents living with dementia. The home is divided over three floors.	

2.0 Inspection summary

An unannounced inspection took place on 2 June 2026, between 9.45am and 4.30pm 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 3 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection.

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 spoke positively about life in the home. Comments included, "The staff are attentive and the food is good", and, "I have no concerns over the care." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "I am well looked after, there is plenty of food." Another resident said, "I am very happy with the care, the staff are very good."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative commented on how, "The care is excellent"

There was evidence of 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. It was discussed with the manager the need for the resident's names attending these meetings to be recorded. The home also produced a regular newsletter for residents and relatives

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed responses to the resident or relative questionnaire, or to the staff survey were received 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. Staff commented on how they felt that staffing levels in the home could be improved during the daytime. This was discussed with the manager for her attention. This will be reviewed at a subsequent inspection

Checklists to evidence that pre-employment checks were completed did not have the required level of detail. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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.

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 resident 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.

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 dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents commented positively on the lunch that was served for them.

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

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as musical activities, gardening, quizzes and arts and crafts. Staff were doing a quiz with residents on the morning of the inspection, the residents all were enjoying this. There was no activity planner on display on the floors, for residents in the home. An area for improvement was identified.

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. One care plan reviewed did not reflect the recent weight loss of a resident. An area for improvement was stated for a second time. One care plan did not have the detail required to direct staff in the one to one supervision of a resident; the care plan also lacked detail around activity provision, and guidance on the management of distressed reactions, including the identification of triggers and strategies to support residents. Agency staff completing one to one supervision of an identified resident did not have access to the residents' care plan. Two areas for improvement were identified.

Residents care records were held confidentially. 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 and tidy. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

There was an extra mattress being stored in one of the respite rooms. The manager agreed to remove this.

The carpet in the downstairs lounge was found to be stained in areas and required to be thoroughly cleaned. Handrails in parts of the home were badly chipped, and needed repainting. This was discussed with the manager and one area for improvement was identified.

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 Helen Craig has been the Registered Manager for this home since 23 June 2016.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Closed Circuit Television (CCTV) had been installed in the foyer of the home. This had been installed without the prior consultation of resident or relatives, and without a policy to guide the use of CCTV. An area for improvement was identified.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

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	2*	6*

* the total number of areas for improvement includes one that has been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Zara O'Reilly, Senior Care Assistant, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 11 July 2025	The registered person shall ensure that all controlled drugs are stored in accordance with legislation. Ref: 3.3.6
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 1 July 2026	The registered person shall ensure that prior to the commencement of any new staff to the home; the manager has oversight of the following: - Any gaps in employment are explored. - Reasons for leaving previous posts. Ref: 3.3.1
	Response by registered person detailing the actions taken: Pre employment checks are completed for all new staff, this includes reviewing any gaps in employment and reasons for leaving previous posts. The level of detail included on the recruitment checklist has been reviewed and will be checked by the registered manager to ensure sufficient detail is always provided.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: 03 June 2026	The registered person shall ensure that residents care plans are reviewed, where weight loss has been identified, to ensure they are reflective of actions taken. Ref: 3.3.3
	Response by registered person detailing the actions taken: The residents' daily notes detailed the actions taken by the staff team including medical advice sought. The care plan was updated on the day of the inspection to evidence all the actions which had been taken. The resident weight monitoring form has also been amended to include, an action taken section, to capture any/all changes centrally to improve oversight and governance.

Area for improvement 2 Ref: Standard 13.4 Stated: First time To be completed by: 01 August 2026	The registered person shall ensure that the programme of activities is displayed in a suitable format and location. Ref: 3.3.2 Response by registered person detailing the actions taken: An activities planner was added to the notice board on each floor during the Inspection visit. These are updated daily, a newly appointed activity carer is now also in post.
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 03 June 2026	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to : • Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. • Care plans for residents requiring one to one supervision, need to have an activity programme in place. • The management of distressed reactions. Ref: 3.3.3 Response by registered person detailing the actions taken: Additions to this residents care plan were completed on the day of the Inspection visit. The learning in respect of having a person centred individual 1:1 activity programme to meet the needs of any resident with specialist needs have and will continue to be addressed and included in their plan of care.
Area for improvement 4 Ref: Standard 22 Stated: First time To be completed by: 03 June 2026	The Registered Person shall ensure that agency staff have access to care plans relating to the residents they are providing care. Ref: 3.3.3 Response by registered person detailing the actions taken: 1:1 agency staff now have access to read the full plan of care for this resident prior to their shift. Documentation is in place to reflect that they have read and understand the care and support needs of the resident.
Area for improvement 5 Ref: Standard 27 Stated: First time To be completed by: 1 August 2026	The registered person shall ensure the home is well maintained. This is stated in relation to: • The hand rails in the identified areas of the home needing repainting. • The carpet in the ground floor lounge is thoroughly cleaned. Ref: 3.3.4

	Response by registered person detailing the actions taken: A works request has been made for the section of handrail to be repainted and for a deep clean of the main lounge carpet. Consideration will be given to replace this flooring with a vinyl type flooring which will be easier to maintain, given the high level of daily traffic.
Area for improvement 6 Ref: Standard 21 Stated: First time To be completed by: 01 August 2026	The Registered Person shall ensure that a policy or procedure is developed and implemented for the use of CCTV in the home. This should include the purpose of using CCTV, and consultation with residents or relatives and the commissioning Trust. Ref: 3.3.5 Response by registered person detailing the actions taken: A standard operating procedure will be put in place to explain the purpose of using CCTV within the communal entrance foyer at Loughview Housing with Care (Residential) and Loughview Independent Living (Sheltered) Accommodation. Communication has been completed with residents, their next of kin and the commissioning Trust.

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