

Inspection Report

Name of Service:	Meadowview Care Home
Provider:	Healthcare Ireland (Belfast) Limited
Date of Inspection:	21 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 (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Ms Charlotte Brazil
Service Profile This home is a registered residential care home which provides health and social care for up to 54 persons who are living with dementia. Care is provided over two floors and all residents are accommodated in single rooms with ensuite facilities. Residents also have access to communal living and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2026 between 9.45am and 4.00pm by two care inspectors.

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 medicines management inspection on 3 February 2026; 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.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. One area for improvement was stated again and four will be reviewed at the next medicines management 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. 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 very content here, the staff are brilliant." Another resident said, "I have no concerns, the girls are great".

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.

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.

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. There was evidence of robust systems in place to manage staffing.

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

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.

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 resident's 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. A resident told us, "The staff are the very best; they interact well with us".

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.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed, and referrals were made to other healthcare professionals as needed.

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, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

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, games and dancing. The activity programme was not on display for residents. 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.

Residents care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed. Care plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). Another care plan did not have enough detail around a resident who had a DOL in place, and its impact on the resident's liberty. An area for improvement was identified.

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, 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.

It was noted that a downstairs fridge had food inside, and upstairs, cleaning products and thickening agents, were accessible to residents. This was brought to the attention of the manager and actioned immediately. An area for improvement was stated for a second time.

There were several ripped chairs in the upstairs unit. These were removed and replaced on the day of inspection.

Some Infection prevention and control (IPC) issues were identified. Cleaning wipes were being stored on the top of cisterns in the upstairs unit; there were identified shower chairs with rust on the wheels downstairs. The manager agreed to address these.

A lingering malodour was found in a downstairs bedroom. An area for improvement was identified.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

A downstairs toilet was not working and had a trolley being stored inside. It was discussed with the manager either for the toilet to be repaired, or a variation to be submitted to RQIA for the toilet to be changed into a storage area. RQIA received confirmation following the inspection that the toilet was operational again.

A handwashing sink in the kitchen was not draining sufficiently and was back filling with wastewater. The manager arranged for contractors to address this. RQIA received confirmation on the 22 July 2026 that the issue was resolved.

The enclosed garden/patio area had an uneven paving surface, which posed as a trip hazard. The area also required to be weeded. This was identified as an area of improvement.

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. Ms Charlotte Brazil has been the manager in this home since 4 February 2025.

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

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 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	4*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing (3 February 2026)	The registered person shall ensure that personal medication records are accurately maintained. Ref: 2.0
	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 13 (4) Stated: First time To be completed by: Immediate and ongoing (3 February 2026)	The registered person shall review the management of warfarin to ensure safe systems are in place as detailed in the report. Ref: 2.0
	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 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing (3 February 2026)	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerators are monitored and recorded daily and that the thermometer is reset. Appropriate action must be taken if the temperature recorded is outside the recommended range of 2-8°C. Ref: 2.0
	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 4 Ref: Regulation 14 (2) (c) Stated: Second time To be completed by: 1 August 2026	The registered person shall ensure that all potential risks to residents are minimised. This relates specifically to securing of food, drinks, toiletries, cleaning products, and all store rooms, as well as the boiler room. Ref: 2.0 & 3.3.4 Response by registered person detailing the actions taken: The registered person is assured that robust arrangements are in place to minimise potential risks. The home manager undertakes daily walk arounds of the home and addresses any areas of risk that may be identified.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: Immediate and ongoing (3 February 2026)	The registered person shall ensure that handwritten medicine administration records are checked and verified as accurate by two trained members of staff and that they include the full date. 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.
Area for improvement 2 Ref: Standard 13.4 Stated: First time To be completed by: 1 August 2026	The registered person shall ensure that the programme of activities is displayed in a suitable format and location for residents and their representatives. Ref: 3.3.2 Response by registered person detailing the actions taken: The activity programme has been reviewed and further updated to include pictures of scheduled activities. The activity programme is displayed on notice boards throughout the home.
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 1 August 2026	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to : • The impact of a locked keypad on DOL safeguards. • The restriction the DOL places on the resident's liberty. Ref: 3.3.3 Response by registered person detailing the actions taken: Care plans have been reviewed and reflect residents assessed needs, care plans are reviewed at least monthly and following any change in assessed needs. The review of care plans included a review of DOLs care plans to ensure they detail the impact of a locked keypad and the restrictions placed on the residents liberty.

Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 1 August 2026	The registered person shall ensure the malodour in the identified bedroom is addressed. Ref: 3.3.4 Response by registered person detailing the actions taken: A deep clean has been undertaken in the identified bedroom. Malodours would be identified during the registered managers daily walk around and actions taken.
Area for improvement 5 Ref: Standard 27 (E5) Stated: First time To be completed by: 1 October 2026	The registered person shall make good the weeding and uneven paving / trip hazard to the enclosed garden/patio area. Ref: 3.3.4 Response by registered person detailing the actions taken: A maintenance request has been raised to make good the uneven paving in the enclosed garden/patio. Arrangements are in place to spray the weeds in the patio.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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