The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Loughside Residential Care Village

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 4 and 5 August 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	Healthcare Ireland (Belfast) Limited
Responsible Person:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Jennifer Moore
This home is a registered residential care home, which provides health and social care for up to 42 residents living with dementia. Residents live in the Harborview and Quayside units. Residents have access to communal lounges, dining rooms and outside space. There is a nursing home in the same building as the residential home, and this is managed by a separate manager.	

2.0 Inspection summary

An unannounced inspection took place on 4 August 2026 between 9.30am and 4.30pm, and on the 5 August 2026 between 9.30am and 2.15pm, 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 pre-registration inspection on 23 April 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 one area for improvement was assessed as having been addressed by the provider. Two areas for improvement were partially met, and stated for a second time. 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and 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, "I am well cared for", and, "I love it here!" 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, the food is good and the staff are attentive." Another resident said," I have no concerns over care, the staff 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.

One returned questionnaire from a resident had positive comments such as, “The care given is very professional and attentive and, “The activities keep me entertained.”

No completed responses to the 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. It was discussed with the manager the need for the designation of the manager and deputy to be recorded on the duty rota.

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.

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 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.

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. There was a musical activity being provided downstairs on the first day of inspection, which all the residents enjoyed.

The activity planner was displayed outside the lifts; it was not displayed in an area or in a format that was assessable to all residents. The residents menu was not being displayed in a suitable format, and consistently across the two units. This was discussed with the management team and two areas for improvement were stated for a second time.

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 arts and crafts, musical activities, games and aerobics. The home also completes a newsletter with upcoming events listed, and about ongoing life in the home.

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 and well maintained. One resident required a smoking risk assessment, which the manager agreed to complete. Care plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). Review of care plans for residents who presented with behaviours that challenge, identified that they did not contain sufficient detail to effectively direct staff in the management of these behaviours. 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.

A dementia audit of the environment had been completed to help create a supportive environment for residents living with dementia. Whilst some progress had been made, not all recommendations from this audit had been implemented. An area for improvement was identified.

Orientation signage for residents and visitors in the main foyer, and outside of the building highlighting car parking for visitors was not in place. Some window blinds/curtains were not in place in outside facing windows or doors, to ensure privacy and dignity of residents. Two areas for improvement were identified.

Review of records and discussion with the manager 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, resident call system checks, electrical installation checks and water temperature checks.

Review of records and observations confirmed 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 Jennifer Moore has been the Manager in this home since 1 May 2026. The manager discussed how she had completed her level 7 qualification in strategic management, and how a proportion of staff were working towards their Qualification and Credit Framework (QCF) ,level 2 or 3.

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 Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	6*

* the total number of areas for improvement includes two that have been stated for a second time

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 Minimum Standards (Dec 2022)

Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 1 October 2026	The Registered Person shall ensure that the daily menu is displayed in a suitable format and in a suitable location for residents and their representatives. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: A3 menu posters are displayed in A3 clip frames, Night duty have been assigned to change these each day
Area for improvement 2 **Ref:** Standard 13 **Stated:** Second time **To be completed by:** 1 October 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: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Program of activites is currently displayed as poster and in Notice Boards,a Dementia specific Activities display has also been sourced and ordered
Area for improvement 3 **Ref:** Standard 6.6 **Stated:** First time**:** **To be completed by:** 1 October 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 residents with behaviours that challenge, are sufficiently detailed to direct staff in the management of these behaviours. • The impact of a locked keypad on DOL safeguards Ref: 3.3.3

	Response by registered person detailing the actions taken: Careplans have been updated to include DOL safeguards in terms of the restrictive practices, careplans have been updated with further detail and will continue to be reviewed as necessary and during Careplan audit
Area for improvement 4 **Ref:** Standard 20 **Stated:** First time**:** **To be completed by:** 1 December 2026	The Registered Person shall ensure that actions identified during the homes dementia audit are completed. Ref: 3.3.4
	Response by registered person detailing the actions taken: Consideration has been taken to provide recliners, soft furnishings, clocks and claendars throughout the home as part of the Business Procurement timeline
Area for improvement 5 **Ref:** Standard 27 **Stated:** First time**:** **To be completed by:** 1 November 2026	The Registered Person shall review and improve orientation signage within the home and its grounds to ensure that residents, relatives and visitors can identify areas. This is stated in relation to: • Directional signage outside for car parking. • Directional signage in the foyer/entrance. Ref: 3.3.4
	Response by registered person detailing the actions taken: All signage has been ordered for the outdoors and the internal signage is ongoing
Area for improvement 6 **Ref:** Standard 27 **Stated:** First time**:** **To be completed by:** 1 November 2026	The Registered Person shall review the provision of appropriate window and door coverings, taking into account the needs of the person with dementia. Appropriate blinds or curtains should be provided when necessary. Ref: 3.3.4
	Response by registered person detailing the actions taken: Appropriate blinds and window coverings have been ordered awaiting fitting of same

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