The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Loughside Care Village

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 4 & 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 Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Sarah Martin

Service Profile –
This home is a registered nursing home, which provides nursing care for up to 71 patients. The home is situated over four floors and four units. The Northgate Unit and Loughview Unit provide care for adults living with dementia and the Marine Unit and Castleview Unit provide care for adults with a mental health diagnosis.

Patients have access to communal lounges, dining rooms and bathrooms and individual bedrooms are situated over the four floors.

2.0 Inspection summary

An unannounced inspection took place on 4 August 2026, from 9.30 am and 4.30 pm, and 5 August 2026 between 9.15 am and 2.15 pm, 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 pre-registration inspection on 223 April 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients 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. 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 patients, 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.

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

Patients spoken with said they were well cared for, the food was great and there were enough staff to care for them.

Staff told us they had received an induction for their roles and also received training on an ongoing basis. Staff commented that they were supported by the management team and had no concerns about staffing levels in the home.

Visitor questionnaires returned confirmed that relatives were happy that the care was good and patients enjoyed the activities. Some concerns were raised about the access to the building, personal care and laundry. This was shared with the manager for her review.

Two responses to the online survey confirmed that visitors were dissatisfied that care was safe, effective and well led. One visitor was very satisfied that care was compassionate. Concerns were raised about access to the home, the food provided and communication with families. This was shared with the manager for her review.

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

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. The rota for a number of staff was combined with the cover for the residential care home. This was discussed with the manager for separation and will be reviewed at a future inspection.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the system to manage the registration of nurses and care staff evidenced that staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly, however, privacy was not always maintained for patients with challenging behaviours. An area for improvement was identified.

At times some patients 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. Control units for motion alarms were noted to be in the nurses office were it was not always possible to hear them. This was brought to the attention of the manager for her action and an area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position; however, records of repositioning were not always consistent with the care prescribed. An area for improvement was identified.

Examination of care records confirmed that a falls protocol was in place and falls were reported to RQIA and the Trust, and referrals were made to other healthcare professionals as needed. For example, patients were referred to their GP for review or advice sought if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The menu board in place required improvement so patients could identify what meal choices were available at each mealtime. This area for improvement has been stated for a second time.

The importance of engaging with patients was well understood by the manager and staff. Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games.

The weekly programme of social events was displayed on the entrance area of the home but not in a format residents could easily access in the units of the home. This area for improvement has been states for a second time.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Review of a sample of patient care plans evidenced that nursing staff did not always ensure that they reflected the patients' current care needs within the care plans; for instance, for urinary tract infection and wounds. An area for improvement was identified.

Patients care records were held confidentially. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was well decorated, tidy and welcoming. While an audit had been completed to ensure there was a dementia appropriate environment, it was observed that the environment lacked sensory simulation and areas of interest for patients. An area for improvement was identified.

The outside and inside of the home lacked appropriate signage to direct patients and visitors to the home to parking areas and to assist with finding the individual units and rooms in the home. Signage in units was of a colour that was difficult to read. An area for improvement was identified.

Maintenance or repair was required in a number of areas of the home; for instance, lack of window coverings, soft closure to bedroom doors, and provision of individual tables in the lounge/dining area. An area for improvement was identified.

Concerns were identified about the cleanliness and infection control in the home; for example, unclean floors, lack of disposable hand towels and soap and staff wearing nail polish and jewellery. An area for improvement was identified.

In a domestic storeroom, a bed frame was noted to be stored. This was discussed with the manager and removed. This will be further reviewed at a future inspection.

An electrical switchboard and multiple toiletries were accessible in bathrooms. This was brought to the attention of the manager for action and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the home was registered and opened. Mrs Sarah Martin has been the manager in this home since 1 May 2026.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place, however, the action required from the audits of falls, the environment and care records were not always signed and dated as completed. An area for improvement was identified.

The process for informing RQIA of notifiable events had not been followed for safeguarding concerns. This was discussed with the manager who forwarded outstanding notifications following the inspection. An area for improvement was identified.

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	11*

* 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure an electrical switchboard and toiletries are stored securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: Tolietries have now been removed from the communal and are now stored safely behind locked cabinets. Electrical swtichboard has now been locked and will be monitored closely when the unit opens.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure all notifiable events are reported to RQIA in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: Acting home manager will ensure that going forward all notifiable events are reported to RQIA within 48hours of incident being logged or next working day if it is at the weekend.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 20 August 2026	The registered person shall ensure a menu board is displayed in a suitable format and place to inform patients of the daily menu choice. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Menu displayed boards are now in place in both nursing units.

Area for improvement 2 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** 20 August 2026	The registered person shall ensure that a plan of the daily activities are displayed in a suitable place and format for patients and their representatives to view. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Daily activites are now displayed in the communal areas on a noticeboard in the interim. New activity notice boards have now been ordered, dementia friendly.
Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure patients are treated with dignity and their privacy is respected. Ref: 3.3,2
	Response by registered person detailing the actions taken: Resident has been reviewed to MDT mental health team. Staff continue to promote his dignity by giving him privacy when he hs choosen not to wear clothes. Two hourly cleaning regime in place to help promote his comfort and dignity.
Area for improvement 4 **Ref:** Standard 45 **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure that all devices used in the home are used effectively. This is in relation to the use of patient motion alarms. Ref: 3.3.2
	Response by registered person detailing the actions taken: Home manager is activley monitoring same as it has been an onoging area for improvement. Due to the senorys of the motion alarms the wirelss pagers are now outside bedroom doors to help the sensors activate. There is a daily manager oversight audit implemented to ensure oversight of the use of same safely and accurately and to ensure the escalation of concerns or faults.
Area for improvement 5 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure that patients are repositioned as directed by their care plan and records are kept accurately updated. Ref: 3.3.3
	Response by registered person detailing the actions taken: Monthly repositioning audits are in place and spot checks of repsoition needs are being implemented to ensure records are kept accurately updated.

Area for improvement 6 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure all care plans are in place to direct patient care. This is in relation to care plans for urinary tract infection and toe ulcers. Ref: 3.3.3
	Response by registered person detailing the actions taken: Nursing staff are now implementing care plans to reflect the needs of the residents. These care plans are then being discontinued when treatment for infection has been complete and no further input is required
Area for improvement 7 **Ref:** Standard 43 **Stated:** First time **To be completed by:** 31 August 2025	The registered person shall ensure the environment of the home is designed to aid orientation, simulation and interest for those residents living with dementia. Ref: 3.3.4
	Response by registered person detailing the actions taken: Meal menu boards have been enhanced and larger for residents living with Dementia. Activity boards more visible and there has been an introduction into doll therapy. Dementia signage have been ordered and awaiting delivery of same in order to implement.
Area for improvement 8 **Ref:** Standard 43 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure signage both inside and outside the home is in place to direct and orientate patients and visitors. Ref: 3.3.4
	Response by registered person detailing the actions taken: Internal signage is complete and actioned, awaiting delivery of outside signage to be implemented
Area for improvement 9 **Ref:** Standard 43 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure there is a system in place to ensure ongoing maintenance or repair of areas of the home such as, window coverings, soft closure to bedroom doors, and provision of individual tables in the lounge/dining area. Ref: 3.3.4
	Response by registered person detailing the actions taken: Elogs system is in place to report areas for maintainence and repairs. Maintainence officer also on sight and maintainence request book is in place

Area for improvement 10 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 6 August 2026	The registered person shall ensure the cleanliness and IPC issues identified during the inspection are addressed. This includes but is not limited to; unclean floors, lack of disposable hand towels and soap and staff wearing nail polish and jewellery. Ref: 3.3.4
	Response by registered person detailing the actions taken: Spot checks carried out and findings actioned, two floor polishers now in place which domestic staff use to action maintainence of floors. Hand hygiene audits to monitor bare below the elbow
Area for improvement 11 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 6 August 2026	The registered person shall ensure the action required following audits for falls, the environment and care records are signed and dated on completion. Ref: 3.3.5
	Response by registered person detailing the actions taken: Home manager has oversight of actions of audit and to sign and date going forward to ensure completion. Home Manager to complete monthly falls audits to have oversight of trends and falls analysis

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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