The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Loughview**

Provider: **Loughview Homes Ltd**

Date of Inspection: **3 June 2025**

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:	Loughview Homes Limited
Responsible Persons:	Mr Michael Curran Mr Paul Steele
Registered Manager:	Ms Margaret Lakehal
Service Profile – This home is a registered nursing home which provides general nursing care for up to 31 patients under and over 65 years of age, with a physical disability or who are terminally ill. Patients' bedrooms are located over two floors in the home, the communal lounges and dining room are on the ground floor and patients have access to a garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2025 from 8.50 am to 7.25 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details. It was evident from discussions with patients and relatives that staff promoted their dignity and well-being 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness of the governance arrangements to ensure the quality of the care delivered and environment of the home.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again and two areas for improvement have been carried forward and 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 patient's, 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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I'm dead on. I get enough food", "The food is excellent and the (the staff) couldn't be any kinder", "I am very happy here. The staff are excellent, they help me a lot" and "The care is good"

Patients told us that staff offered choices to them 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.

Relatives commented positively about the overall provision of care within the home. Comments included: "they (the staff) go out of their way to help you", "the staff are really good people" and "good communication with the staff."

Staff spoken with said that Loughview was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. One staff member said, "there is good teamwork and the communication is good."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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.

While there was evidence of systems in place to manage most aspects of staffing; discussion with the manager established that pre-employment checks had not been completed, as part of the recruitment process, prior to each staff member commencing in post. An area for improvement first stated following an inspection on 15 April 2024 is now stated for a second time.

There was a system in place to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC). However, audit records reviewed evidenced deficits in oversight and recording of staff registration with NISCC. For example, not all staff working in the home were identified on the audit of NISCC registration and there was evidence that this audit had not been completed for periods of up to two months. Assurances were sought and provided immediately following the inspection that all staff were registered or had applied to register with NISCC. An area for improvement was identified.

Patients 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 when these were adhered to. However, review of the staffing rota confirmed that planned staffing levels across all grades of staff were not consistently adhered to in recent weeks. It was unclear from discussion with staff what the contingency arrangements were when planned staffing levels could not be met. Assurances were provided by management that contingency arrangements would be reviewed. An area for improvement was identified.

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

The majority of staff working in the home did not have name badges to identify who they were and what role they worked in. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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 understanding and sensitive to patients' needs.

Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others, discussing patients' care in a confidential manner and offering personal care to patients discreetly. However, the majority of staff were observed not to knock on closed doors before entering patient bedrooms, communal bathrooms and individual living areas. An area for improvement was identified.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Throughout the home it was observed that nursing staff did not always adhere to the safe handling of medications nor did staff recognise specific risks associated with medication management. Details were discussed with the manager as immediate action was required to ensure safety of patients, and with RQIA's pharmacist inspector for the home. 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 regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. Examination of post fall care records evidenced that these were managed in keeping with best practice guidance. However, it was noted that daily evaluations did not consistently comment on the status of the patient post fall and care plans were not always updated following a fall. This was discussed with the deputy manager who agreed to meet with registered nursing staff to address these matters.

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. It was evident that safe systems were in place to support each patient's nutritional needs. The food served during the lunchtime meal looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. However, plastic glasses provided to patients were visibly stained and worn. This was discussed with the deputy manager who agreed to address this matter.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Patient were observed enjoying armchair aerobics while birthday celebrations were planned for one of the patients later in the week. Reeling in the years with music, a quiz and chippy day were also planned.

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 were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Supplementary care records reviewed were not always completed contemporaneously and 'gaps' were noted in personal care and repositioning records. For example, gaps of up to five days were noted in personal care records, while further gaps of up to eight hours were identified in repositioning records. An area for improvement was identified.

It was observed that information relating to patient care and treatment was accessible in the manager's office because the door was propped open and the room was unsupervised. This was discussed with staff who took necessary action to secure access to the information. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was generally tidy and patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished, warm and comfortable.

Multiple beds were found to be dressed with bed linen that was stained, torn or of poor quality. An area for improvement was identified.

Concerns were identified throughout the home relating to the general cleanliness, cleaning of patient equipment and upkeep of furniture and décor. Of particular concern was the outside laundry and management of access paths to outdoor patient areas. Details were provided to the management team and areas for improvement identified.

A lack of signage was observed throughout the home to orientate patients to bedrooms, bathrooms and communal lounge areas. This was discussed with the management team who confirmed they have plans for new signage throughout the home.

Concerns about the management of general risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. Cleaning chemicals were accessible in the laundry and sharp knives were accessible to anyone entering the kitchen. Two fire doors were found to be propped or wedged open preventing closure in the event of the fire system activating and oxygen cylinders were not chained to ensure their safe storage. A number of areas for improvement were identified. In addition, an area for improvement first stated following an inspection on 15 April 2024 regarding the management of hot surfaces, such as radiators, has been stated for a second time.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment. In addition, a number of staff were not bare below the elbow. 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 last inspection. Ms Margaret Lakehal has been the registered manager of this home since 1 April 2005.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly at the time. However, at least four notifiable events had not been submitted to RQIA as required. The deputy manager agreed to audit the accidents and incidents and notify RQIA retrospectively. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, given the inspection findings, further work is required to develop the governance and managerial oversight arrangements to ensure these drive the necessary improvements. An area for improvement was identified.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	10*	8*

*The total number of areas for improvement includes two that have been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Nonhle Khoza, deputy manager, as part of the inspection process and with the registered persons, Ms Lakehal and Mr Curran on 11 June 2025. 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 21 (1) (b) **Stated:** Second time **To be completed by:** 3 June 2025	The registered person shall ensure that recruitment files contain all the required information; including evidence that any gaps in employment have been explored and evidence of start and end date of right to work documents. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Completed. As a promt we have added a reminder on the application form
Area for improvement 2 **Ref:** Regulation 27 (2) (t) **Stated:** Second time **To be completed by:** 3 June 2025	The registered person shall risk assess all individual hot surfaces in accordance with current safety guidelines and evidence any appropriate actions identified. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: All thermostats have been replaced on all the radiators and added to the maintenance list to check them every month
Area for improvement 3 **Ref**: Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that a robust system is maintained to monitor staff registration with the Northern Ireland Social Care Council. Ref: 3.3.1
	Response by registered person detailing the actions taken: completed checked on a monthly basis
Area for improvement 4 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that registered nurses manage the administration and storage of medicines in accordance with professional requirements to ensure the safety of patients. Ref: 3.3.2
	Response by registered person detailing the actions taken: the registered nurse has been reminded of his NMC code of conduct regarding administration of medicine

Area for improvement 5 **Ref**: Regulation 27 (2) (d) **Stated:** First time **To be completed by:** 3 September 2025	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. Ref: 3.3.4
	Response by registered person detailing the actions taken: Completed
Area for improvement 6 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: all external work has been completed
Area for improvement 7 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that fire doors in the home are not propped or wedged open preventing closure in the event of the fire alarm system activating Ref: 3.3.4
	Response by registered person detailing the actions taken: all staff reminded of the importace and made aware
Area for improvement 8 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene. Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement. Ref: 3.3.4
	Response by registered person detailing the actions taken: huddle, demonstration where held and posters are in place

Area for improvement 9 **Ref:** Regulation 30 (1) (d) (f) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively. Ref: 3.3.5
	Response by registered person detailing the actions taken: on going
Area for improvement 10 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall review the home's current audit processes to ensure they are effective. This area for improvement is made with specific reference to oversight of falls, infection prevention and control practices and the home environment Ref: 3.3.5
	Response by registered person detailing the actions taken: audits and governance have been reviewed between Rita, Non and Michael
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4.7 **Stated:** First time **To be completed by:** 16 May 2024	The registered person shall ensure that prescribed pressure relieving mattresses are set correctly in accordance with the current patients' weight where appropriate. 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 35 **Stated:** First time **To be completed by:** 31 May 2024	The registered person shall ensure care record audits evidence review and completion of associated action plans. 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 3 **Ref:** Standard 41.2 **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that contingency arrangements are reviewed so that at all times suitably qualified, competent and experienced persons are working in such numbers as are appropriate for the health and welfare of patients. Ref: 3.3.1
	Response by registered person detailing the actions taken: All registered nurses competiencies updated
Area for improvement 4 **Ref:** Standard 19.4 **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that all staff wear their name badge to easily identify their name and role within the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: in process
Area for improvement 5 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that staff knock on a closed door before entering bedrooms, bathrooms and individual living spaces. Ref: 3.3.2
	Response by registered person detailing the actions taken: Memo has been sent to all staff
Area for improvement 6 **Ref**: Standard 4.9 **Stated:** First time **To be completed by** 3 June 2025	The registered person shall ensure that supplementary care records are accurately maintained and completed contemporaneously. Ref: 3.3.3
	Response by registered person detailing the actions taken: staff nurses are aware at the end of there shifts to review the daily records

Area for improvement 7 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission. Ref: 3.3.3
	Response by registered person detailing the actions taken: completed
Area for improvement 8 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure bed linen and clothing is of good quality and changed when required. Ref: 3.3.4
	Response by registered person detailing the actions taken: Reviewed and ordered new stock

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