



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Loughview
Provider: Loughview Homes Ltd
Date of Inspection: 18 November 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	Loughview Homes Ltd
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 18 November 2025 from 9.20 am to 5.15 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection 10 areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified and those carried forward for review at the next inspection, 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. 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 can't say there is anything wrong. The staff are very kind and the food is first class. I enjoy the card games", "The staff are very good" and "The staff are kind and the food is lovely."

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, "I couldn't be more happy with the care and attention my relative receives" and "We received a nice and friendly welcome. The staff are lovely."

Staff spoken with said that Loughview was a good place to work and said the teamwork was very good. Comments from staff included, "I am very happy here. There is a good rapport with colleagues and good teamwork. We feel supported and listened to."

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.

Examination of records established that all 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 was stated for a third time. Failure to meet this area for improvement may lead to enforcement action.

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, there was no evidence that the audit of NISCC registration had been completed since September 2025. In addition, it was identified that a staff member had not been registered with NISCC and continued to work in the home. 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 identified at the previous care inspection on 3 June 2025 was stated for a second time.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

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 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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.

A number of patients nursed in their bedroom were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to ensure those patients who cannot use the system are appropriately supervised.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

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. An activity planner displayed highlighted events such as armchair aerobics, quizzes, pamper day, arts and crafts, movie day and sports. Photos were displayed of patient's enjoying events while arts and crafts made by patients were also on display.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Review of care records confirmed that some care plans were not personalised and lacked detail to direct care; others care plans had not been put in place following an assessment of patient's needs. There was evidence that some care plans had not been reviewed for a period of up to and including seven months; while some risk assessments had not been reviewed for up to three months. RQIA were satisfied that the manager was aware of these matters prior to the inspection and is addressing the shortfalls with the responsible persons. Areas for improvement were identified.

Some supplementary care records were not completed contemporaneously. For example, repositioning records had not been completed for up to six hours. In addition, gaps and recording errors were noted in personal care records. An area for improvement identified at the previous care inspection on 3 June 2025 was stated for a second time.

Information relating to patient care and treatment was observed to be accessible in the manager's office because the door was unlocked 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 stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient. There were sufficient improvements noted in refurbishment to the home

environment to meet a previously identified area for improvement. However, some bedroom walls, skirting and doorframes required painting. The deputy manager provided assurances that this would be addressed.

Concerns about the management of risks to the health, safety and wellbeing of patients in the home were identified. A domestic cleaning trolley was unsupervised in an unlocked bedroom allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action. An area for improvement was stated for a second time.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, examination of IPC audits confirmed that these were not generating action plans to drive the necessary improvements. An area for improvement was stated for a second time.

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.

Systems for reviewing the quality of care and other services were in place. However, given the inspection findings, further work was required to ensure the governance systems were robust to identify and drive the necessary improvements relating to oversight of care records, the home environment and IPC practice. Two areas for improvement were stated for a second time.

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.

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	8*	3*

*The total number of areas for improvement includes one that has been stated for a third time and seven that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Margaret Lakehal, Registered Manager, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Third time</p> <p>To be completed by: 18 November 2025</p>	<p>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.</p> <p>Ref: 2.0 and 3.3.1</p> <p>Response by registered person detailing the actions taken: The most recent four new employee files have been updated accordingly and this requirement will be carried forward, and the registered provider will focus on this on reg 29 visits</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure that a robust system is maintained to monitor staff registration with the Northern Ireland Social Care Council.</p> <p>Ref: 2.0 and 3.3.1</p> <p>Response by registered person detailing the actions taken: The monthly audit of the NISCC will also be inspected and signed by the registered person. Currently all up to date</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have received COSHH training and a huddle has been held by management with staff to reinforce the importance of health and safety matters.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2025</p>	<p>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.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 2.0 and 3.3.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2025</p>	<p>Response by registered person detailing the actions taken: Hand hygiene audits have been reviewed and are ongoing and more frequent. A huddle has been held by management to reinforce infection control procedures and PPE protocols</p> <p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>This area for improvement is made with specific reference to oversight of falls, infection prevention and control practices and the home environment.</p> <p>Ref: 2.0 and 3.3.5</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2025</p>	<p>Response by registered person detailing the actions taken: Further review of audit systems completed by management and changes identified where required especially in relation to falls, infection prevention and the environment.</p> <p>The registered person shall ensure that detailed and person centred care plans are in place to meet the assessed needs of patient's.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: A new care plan audit tool has been introduced to focus on patient centred care plans.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure that the assessment of patient's needs is kept under review.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: A new system is being put in place to ensure regular review and assessments are carried out by registered nurses.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure that patient's care plans are kept under review.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: A new system is being put in place to ensure all care plans are reviewed monthly.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure that supplementary care records are accurately maintained and completed contemporaneously.</p> <p>Ref: 2.0 and 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Supplementary care records have been reviewed and a new system put in place. A huddle has been held by management with care staff to explain the importance of accurate timely completion of supplementary care charts. registered nurses are also aware of the importance of these charts being reflected in their daily evaluation notes.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission.</p> <p>Ref: 2.0 and 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Doors to the identified office are locked when vacant and all staff are aware of the importance of doing so/. Changes required in the office to assist with compliance have been identified and are on going.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure care record audits evidence review and completion of associated action plans.</p> <p>Ref: 2.0 and 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: A new care plan audit tool had been discussed and introduced ensuring the follow up on the actions identified and required are completed.</p>

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