The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Loughview**

Provider: **Loughview Homes Ltd**

Date of Inspection: **15 April 2026**

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 15 April 2026 from 9.30 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 told us they were happy with the care and services provided. Patients were settled and there was a calm atmosphere in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The inspection resulted in enforcement action. An area for improvement with regard to recruitment processes, previously stated for a third time, was not met. As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A meeting with the Intention to issue one Failure to Comply notice was held on 5 May 2026. Based on the information provided to RQIA, during this meeting, the decision was made to issue one Failure to Comply notice (FTC) in relation to selection and recruitment practices and the lack of sufficient and robust management oversight of these. Reference: FTC000257.

Details of our enforcement procedures and the notices issued can be found on our web site www.rqia.org.uk

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. 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.

One previous area for improvement, not met, has now been subsumed into the Failure to Comply notice issued by RQIA while a further area for improvement, not met, has now been subsumed into a new area for improvement under the Nursing Homes Regulations (Northern Ireland) 2005.

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: "The carers are lovely. It is a good home", I am very happy with the care. The staff are brilliant and so is the food. Everything is fine" and "It's great. The food is first class. It's quiet at night and I sleep well."

Relatives and visitors to the home commented positively about the overall provision of care within the home. Comments included: "I am happy with the care and have no concerns", "It's fantastic. The staff are very good. Nothing is too much bother" and "My relative is very happy. If I have any problems I know who to go to."

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. Comments from staff included, “The manager and deputy manager are very supportive. The owner is very good and checks what is going on.”

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

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. An area for improvement (AFI) in relation to pre-employment checks completed as part of the recruitment process was first stated on 14 April 2024; a review of recruitment records identified that gaps in employment were not explored; the AFI remains unmet. This was discussed with the registered persons at the meeting with RQIA on 5 May 2026 and actions to address these matters were included in the FTC notice FTC000257.

While there was evidence of systems in place to manage some aspects of staffing; discussion with the management and examination of records established that not all staff had a documented induction available for review on inspection. An area for improvement was identified.

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 were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs.

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 important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

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.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Patients were appropriately supervised in keeping with their assessed needs. 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 bingo, armchair aerobics, play your cards right, movies and arts and crafts. There was evidence of intergenerational practice between the home and a local primary school. Patients said they enjoyed the arts and crafts sessions with the school children; examples of which were displayed in the home.

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

3.3.3 Management of Care Records

Examination of a selection of care records confirmed that a pre-admission assessment of patients' needs was not consistently recorded for each patient prior to their admission to the home. An area for improvement was identified.

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 selection of care records evidenced that care plans were not consistently in place following admission to the home to meet patients assessed needs in a timely manner. An area for improvement was stated for a second time.

Nursing staff recorded regular evaluations about the delivery of care. Examination of a selection of care records confirmed that some entries were illegible, while other evaluations contained repetitive statements that were not person centred. To ensure that daily evaluations of care are meaningful and all care records are legible, areas for improvement were identified.

Information relating to patient care and treatment was observed to be accessible in the manager's office as the door was unlocked and the room was unsupervised. This was discussed with staff who took necessary action to secure access to the information. This shortfall had been identified as an area for improvement during previous care inspections on 3 June 2025 and 18 November 2025. It was disappointing to note that had not been satisfactorily

addressed. A previously stated area for improvement is was subsumed into a new area for improvement under the Nursing Homes Regulations (Northern Ireland) 2005.

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 was evidence of ongoing maintenance works to the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed there were no outstanding actions following the most recent fire risk assessment.

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, IPC audits reviewed did not evidence what actions were taken to drive the necessary improvements identified. This was identified as an area for improvement at the previous two care inspections and is stated for a third time. The manager was advised that continued non-compliance with this regulation may lead to enforcement action.

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. It was positive to note that the deputy manager had completed the 'My Home Life' leadership support programme, which is run by the University of Ulster and commissioned by the Department of Health.

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.

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	3*	4

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

Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** Third time **To be completed by:** 15 April 2026	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 plan should be put in place to drive the necessary improvement. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: The audit system has been reviewed and a new action plan attached to drive the improvement required. The deputy manager has attended a refresher IPC course. Personal protective equipment stations have been repositioned as needed. There is new instruction signage in place.
Area for improvement 2 **Ref:** Regulation 16 (1) **Stated:** Second time **To be completed by:** 15 April 2026	The registered person shall ensure that detailed and person centred care plans are in place to meet the assessed needs of patient's. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Completed and identified care plans have been rectified
Area for improvement 3 **Ref:** Regulation 19 (1) (b) **Stated:** First time **To be completed by:** 15 April 2026	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 and doors are locked accordingly with instruction signage in place

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 15 April 2026	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. Ref: 3.3.1
	Response by registered person detailing the actions taken: Completed and a full review of the recruitment policy has taken place.
Area for improvement 2 **Ref:** Standard 1.3 **Stated:** First time **To be completed by:** 15 April 2026	The registered person shall ensure that a pre-admission assessment of nursing needs is completed and available on request. Ref: 3.3.3
	Response by registered person detailing the actions taken: Completed and going forward pre-admission will be undertaken for all admissions.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 15 April 2026	The registered person shall ensure that all evaluations of care are meaningful and person centred. Ref: 3.3.3
	Response by registered person detailing the actions taken: Completed and ongoing
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 15 April 2026	The registered person shall ensure that all care record entries are legible. Ref: 3.3.3
	Response by registered person detailing the actions taken: .Completed and all nurses are aware of the professional guidelines concerning legible records.

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