

Inspection Report

Name of Service:	Loughview
Provider:	Loughview Homes Ltd
Date of Inspection:	22 July 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 Paul Steele Mr Michael Curran
Registered Manager:	Mrs Nonhle Khoza – not registered
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 announced inspection took place on 22 July 2026, from 9.15 am and 10.35 am by care inspector.

This inspection was undertaken to assess compliance with the actions detailed in the Failure to Comply (FTC) notice: FTC Ref: FTC000257 issued on 8 May 2026 under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21 (1) (b) relating to the home's selection and recruitment practices and the lack of sufficient and robust management oversight of these. The date of compliance for the notice to be achieved by was 31 July 2026.

The outcome of this inspection evidenced that management within Loughview had taken appropriate action to comply with the FTC notice.

Due to the focus of this inspection, the areas for improvement identified at the previous inspection were carried forward for review at a future inspection.

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.

3.3 Inspection findings

FTC Ref: FTC000257 Notice of failure to comply with Regulation 21 (1) (b) of The Nursing Homes Regulations (Northern Ireland) 2005

Fitness of workers

Regulation 21. –

(1) The registered person shall not employ anyone to work at the nursing home unless –
(b) subject to paragraph (5) he has obtained in respect of that person the information and documents specific in paragraphs 1- 7 of Schedule 2;

The Registered Persons shall ensure that:

- there is a robust policy and procedure in place which details the recruitment process in accordance with The Nursing Homes Regulations (NI) 2005 and The Care Standards for Nursing Homes (DHSSPSNI, updated December 2022).
- any gaps in employment are explored and explanations recorded
- all staff involved in the recruitment process receive training in selection and recruitment
- all staff involved in the recruitment process can demonstrate a clear understanding of their role and responsibilities in the process
- monitoring systems are in place to provide the registered person with robust oversight of the recruitment process to ensure full compliance prior to staff commencing employment in the home.

A new recruitment policy had been developed. Review of this policy evidenced that it detailed the recruitment process in accordance with the appropriate regulations and care standards.

Examination of a selection of recruitment records established that all pre-employment checks had been completed, as part of the recruitment process, prior to each staff member commencing in post. These records included evidence that gaps in employment were explored and satisfactory explanations were recorded.

Training records reviewed confirmed that the Manager and the Responsible Person had both completed appropriate training in selection and recruitment.

Senior management had a clear understanding of their roles and responsibilities. The new policy and further enhancing of recruitment systems and processes supported this.

Monitoring systems have been implemented and tested since the previous care inspection; these include sign off of recruitment files prior to an offer of employment by the Manager and Responsible Person. Additional checks by the Responsible Person have been implemented as part of the monthly monitoring visits.

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 three under regulation and four under standards that have been carried forward for review at the next inspection.

The inspection outcome and details of the Quality Improvement Plan were discussed with Mrs Nonhle Khoza, Manager, and Mr Michael Curran, Registered Person, 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
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
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
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
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: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

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: 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 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: 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 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: 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 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: 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.

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