

# Inspection Report

**Name of Service:** Orchard Lodge Care Home

**Provider:** Kathryn Homes Ltd

**Date of Inspection:** 15 April 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Kathryn Homes Ltd
<b>Responsible Individual:</b>	Mrs Tracey Anderson
<b>Registered Manager:</b>	Mrs Adelina Focseneanu
<b>Service Profile:</b>	
<p>Orchard Lodge Care Home is a nursing home registered to provide nursing care for up to 55 patients. The home is divided into three units; Bard unit on the ground floor which provides general nursing care for patients over 65 years of age and physical disability over and under 65 years of age. The Orchard and Cathedral units on the first floor provide nursing care for patients with dementia. Patients' bedrooms, communal lounges and dining rooms are located over the two floors. An enclosed garden is accessed from the ground floor.</p> <p>A residential care home is also located on the ground floor. The same manager manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 15 April 2025, from 10.15am to 2.45pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection 13 December 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to cold storage, medicine audits, personal medication records, the management of medicines for distressed reactions, insulin management, warfarin management and the storage of controlled drugs. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed.

The areas for improvement in relation to cold storage, medicine audits, personal medication records, the management of medicines for distressed reactions, insulin management, warfarin management and the storage of controlled drugs identified at the last medicines management inspection were assessed as met and no new areas for improvement were identified. One area for improvement identified at the last care inspection in relation to the storage of prescribed supplements and thickening agents was assessed as met. The remaining areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details can be found in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff.

RQIA would like to thank the staff for their assistance throughout the 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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

#### **3.2 What people told us about the service and their quality of life**

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

### 3.3 Inspection findings

#### 3.3.1 Medicine records

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

#### 3.3.2 Medicine Storage

The medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

#### 3.3.3 The management of medicines for distressed reactions

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record and patient-centred care plans were in place. One care plan required updating reflect the most recent prescribed dose, this was highlighted to nurses for immediate action. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain and other factors. Records of administration included the reason for and outcome of the majority of administrations.

### 3.3.4 The management of insulin

The management of insulin was reviewed. Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient’s blood sugar was outside of the recommended range. Medicine records were well maintained. In use insulin pen devices were individually labelled with the date of opening recorded to facilitate audit and disposal at expiry. The audits completed indicated that medicines insulin was administered as prescribed.

### 3.3.5 The management of warfarin

The management of warfarin was reviewed. Warfarin is a high risk medicine which requires regular blood testing. The dose of warfarin prescribed depends on the blood test result. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that warfarin was administered as prescribed.

### 3.3.6 Medicine Audit

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

## 4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	7*

\* the total number of areas for improvement includes eight which were carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Adelina Focseneanu, Registered Manager, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (t)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 March 2025	The registered person shall ensure that exposed hot water pipes from showers, are risk assessed and covered where necessary to reduce the risk of scalding.
	<b>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.</b>  Ref: 2.0
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 4 February 2025	The registered person shall ensure that care plans and risk assessments are reviewed within the required timeframe and provide sufficient details that are reflective of the patient's current needs and any relevant medical conditions.
	<b>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.</b>  Ref: 2.0
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 January 2025	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.
	<b>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.</b>  Ref: 2.0
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 January 2025	The registered person shall ensure that the IPC issues identified during this inspection are addressed with ongoing monitoring to ensure sustained compliance.
	<b>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.</b>  Ref: 2.0

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that the staff duty rota is kept up to date to reflect the staff on duty and the hours worked at all times.</p> <hr/> <p><b>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.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that lapbelts on wheelchairs are utilised when transferring patients in accordance with the patients' assessed needs.</p> <hr/> <p><b>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.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that fire exit doors and corridors are maintained free from obstruction.</p> <hr/> <p><b>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.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that patient equipment is stored appropriately to reduce the risk and spread of infection.</p> <hr/> <p><b>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.</b></p> <p>Ref: 2.0</p>



## 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](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews