



# Inspection Report

**Name of Service:** Madelayne Court  
**Provider:** Kathryn Homes Ltd  
**Date of Inspection:** 8 September 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 Jane Bell
<p><b>Service Profile –</b>  This home is a registered residential care home which provides general health and social care for up to 18 residents over 65 years of age.</p> <p>There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.</p> <p>Residents have access to a number of communal spaces across the home and an enclosed outdoor garden area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 8 September 2025, between 9.50 am and 4.40 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents 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 and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider and three areas for improvement will be reviewed at a future 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 resident'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**

Residents spoken with who were able to make their wishes known, generally provided positive feedback about their experiences residing in the home. Some of the comments shared included, "everyone is so good to me" and "I am very happy here, staff have all been great and lovely."

Visitors to the home provided mostly positive feedback about their relative's time in the home. Some of the comments shared included, "I'm very happy with the care here." Other comments were shared with the management team for review and action as appropriate.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents explained that they could go out to church, local shops, or other activities in the community.

Residents told us that staff offered choices to residents 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.

### **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 residents. There was evidence of systems in place to manage staffing.

Residents and staff provided mixed feedback about the staffing levels in the home, some of the residents said that on occasion there was a lack of staff available in the home. There was evidence on occasion of staff being delayed in attending to residents due to supporting other resident's. Assurances were provided by the management team that staffing levels are kept under regular review. An area for improvement was identified.

Staff said they enjoyed working in the home and that they received good support from the management team.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with residents confirmed that there were activities taking place frequently throughout the home and most of the residents were able to reference the activity planner. Some of the residents told us they preferred to remain in their rooms and engage in their own preferred activity for example, reading or listening to the radio.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs.

Care records were mostly person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. There was evidence that care plans in place for residents requiring wound care required more detail to direct the care required for example, the frequency of district nursing visits. The details of this were shared with the management team for review and action as appropriate.

Supplementary records were completed on an ongoing basis; however, bed linen changes were not always clearly recorded. The details of this were shared with the management team and records were updated to ensure staff clearly document when this took place. This will be kept under review by the management team.

Residents care records were held confidentially.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was evidence of 'homely' touches such as flowers, newspapers and magazines. There was evidence of further enhanced cleaning required in the kitchenette; assurances were provided that a system is currently in place to complete this task. The management team provided further assurances that this would be reviewed and action taken were appropriate.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. There was evidence of some deficits with regards hand hygiene and donning/doffing of Personal Protective Equipment (PPE) during the mealtime experience. The details of these were shared with the management team and assurances were provided regarding the actions taken to address this. This will be further reviewed at a future inspection.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jane Bell has been the Registered Manager in this home since 22 October 2024.

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

## 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
<b>Total number of Areas for Improvement</b>	2*	2*

\* The total number of areas for improvement includes two regulations and one standard that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jane Bell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> 5 September 2022	The registered person shall ensure: <ul style="list-style-type: none"> <li>- RQIA are notified of any incident that adversely affects the health or wellbeing of any resident.</li> <li>- Care staff receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines.</li> </ul> Ref: 2.0
	<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>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 5 September 2022	The Registered Person shall implement a robust audit system which covers all aspects of the management of medicines including the administration of medicines not supplied in monitored dosage sachets.  Ref: 2.0
	<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>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2: December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 5 September 2022	The Registered Person shall ensure records of the receipt of medicines, including medicines brought into the home by newly admitted residents, are fully and accurately maintained.  Ref: 2.0
	<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><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p>	<p>The Registered Person shall ensure there are adequate staffing levels on duty at all times in order to meet the needs of the residents.</p> <p>Ref: 3.3.1</p>
<p><b>To be completed by:</b> 8 September 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> A review of staffing levels has taken place and there is adequate staff in line with dependency of residents, monthly dependency review will continue to ensure needs of residents are met. The home will have 2 part time supernumerary deputies, one of which will be based in the residential unit to give extra support</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



## 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