



# Inspection Report

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

**Provider:** Kathryn Homes Ltd

**Date of Inspection:** 17 July 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
<p><b>Service Profile –</b>  This home is a registered residential care home which provides health and social care for up to 19 residents living with dementia. There are a range of communal areas throughout the home and residents have access to an enclosed garden.</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>	

## 2.0 Inspection summary

An unannounced inspection took place on 17 July 2025, between 9.50 am and 4.45 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 17 May 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 evident 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.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider and three areas for improvement have been carried forward for review at the next 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 who were spoken with and able to make their wishes known provided positive feedback about their experiences residing in the home. Some of the comments shared included, "the home and staff are first class" and "I can come and go as I please." Other residents who were unable to make their wishes known were observed to be relaxed and comfortable in their surroundings.

Questionnaire responses received from residents provided positive feedback about the care delivery in the home. Some of the comments shared included, "staff are always there and help me with everything" and "everything is great, the staff are very attentive."

A healthcare professional who was visiting the home at the time of this inspection provided positive feedback about the communication with the management team in the home and described them as "responsive", "open" and "transparent".

#### **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. However, pre-employment checks did not evidence gaps in employment and reasons for leaving included as part of the pre-employment checks. An area for improvement was identified.

There was evidence of some staff outstanding mandatory training, for example; Infection Prevention and Control. Assurances were provided by the management team that this would be addressed with individual staff to ensure compliance.

There was evidence of ongoing assessment of staff member's competencies and capabilities based on their job roles within the home. A discussion took place with the manager to ensure these are completed in full to evidence assessment details.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Comments shared by a staff member regarding staffing levels were shared with the management team and assurances were provided that these are kept under ongoing review.

### 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 observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. 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 the Trust's Specialist Falls Service, 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.

Observation of the lunch time meal, review of records and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Discussion with residents and staff evidenced that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or painting.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The weekly programme of social events was on display advising of future events.

### **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 and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### **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 refurbishments having been completed across the home since the last inspection, for example; paintwork and new artwork was on display in corridors.

There was evidence of 'homely' touches such as flowers, newspapers and magazines.

The medication room was observed as unlocked during the inspection. This was addressed immediately by staff and an area for improvement was identified.

Review of records and discussion with the management team confirmed that 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, resident call system checks, electrical installation checks and water temperature checks.

The Fire Risk Assessment was completed by an accredited fire risk assessor on 2 July 2024 and the overall fire risk was deemed as tolerable. The annual review of this fire risk assessment was reviewed in-house by the organisation's health and safety officer. This arrangement is at variance with the process currently recommended by RQIA, and consideration going forward should be given to fully implementing this process.

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.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Adelina Focseneanu is the Manager in this home.

Residents and staff commented positively about the management team and described them as mostly supportive and approachable. Other comments were shared with the management team for review and action as appropriate.

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.

A compliments folder was in place to log compliments received and to share these with staff.

## 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>	3*	2*

\* the total number of areas for improvement includes one regulation and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Adelina Focseneanu, Manager and the deputy 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 August 2023</p>	<p>The Registered Person shall ensure that accurate and up to date personal medication records are maintained and that obsolete records are cancelled and archived.</p> <p>Ref: 2.0</p>
	<p><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></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2 (4 &amp; 6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2025</p>	<p>The Registered Person shall ensure that pre-employment checks evidence the applicant's reasons for leaving and gaps in employment history.</p> <p>Ref: 3.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Gaps monitoring form now in place for all new employees and all gaps closely monitored with rationale for leaving previous posts and gaps explored at time of interview.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2025</p>	<p>The Registered Person shall ensure that medication is stored safely and securely in line with prescriber and manufacturers guidelines.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Treatment room left opened during RQIA inspection. This is closely monitored by management daily during walk arounds and will be addressed via HR processes as necessary.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 Dec 2022)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 22 August 2023	The Registered Person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for pain management and medicines on a “when required” basis for distressed reactions.  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>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time <b>To be completed by:</b> 22 August 2023	The Registered Person shall ensure that the current, maximum and minimum temperatures of the medicines refrigerator are monitored and recorded each day and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.  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>

*\*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

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**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