The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Orchard Lodge Care Home

Provider: Kathryn Homes Ltd

Date of Inspection: 16 December 2025

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

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Mrs Adelina Focseneanu

Service Profile:
This home is a registered nursing home which provides 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.

A residential care home is also located on the ground floor. The same manager manages both services.

2.0 Inspection summary

An unannounced inspection took place on 16 December 2025, from 9.40 am to 7.20 pm by two care inspectors.

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 21 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be delivered in a compassionate manner and patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. 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 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 staff are looking after me well", "Happy here", "I have everything I need" and "I feel safe here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "The manager is great", "This is one of the nicest homes I have been in", "Staffing levels are good at the moment" and "I do enjoy working here".

There was a mixed response from three visitors and a relative spoken with during the inspection, about the overall provision of care within the home. Comments included: "(The) staff are always responsive and very pleasant" and "Staff largely very, very good". Some commented that the staffing levels were not sufficient and raised concerns regarding the quality of food and care delivery. All comments were shared with the management team to review and action as necessary.

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. Review of a sample of staff recruitment files evidenced that gaps in employment had not been explored and a full employment history had not been obtained. Details were discussed with the management team and 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 felt well supported in their role and that they were mostly satisfied with the staffing levels.

Staff responded to requests for assistance promptly in a caring and compassionate manner. However, observation of the Orchard unit late afternoon evidenced that staff were extremely busy assisting patients to the dining room for their meal. The management team agreed that staffing levels would continue to be monitored and adjusted as required.

Staff duty rotas were not fully accurate and up to date. An area for improvement has been stated for a second time.

It was further identified that the allocation of staff did not take into consideration the gender mix of staff within each of the units to ensure that patients' preferences and assessed needs are being met. Details were discussed with the management team and an area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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.

Patients were well presented in their personal care and appearance. The needs of a small number of individual patients was discussed with the management team for review. Following the inspection, written and verbal confirmation was received that relevant action had been taken to address this.

A discussion was held with the management team regarding the need to review the arrangements for patients who are unable to speak English. This will be reviewed at a future inspection.

At times some patients may require the use of equipment that could be considered restrictive to keep them safe. Adequate systems were in place to manage this aspect of care. However; there were inconsistencies in the completion of risk assessments to state whether bedrails are to be used or not. This was discussed with the management team who agreed to review and action as necessary.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patient care records evidenced that the date of entry was not always recorded on charts and/or the frequency of repositioning. It was further identified that a number of entries exceeded the recommended frequency of repositioning as detailed within the patient's care plan. An area for improvement was identified.

Care records regarding falls evidenced that the home were using the regional falls pathway; however, this was not included within the home's falls management policy. It was further observed that a mattress was being used instead of a crash mat on the floor of two identified patient's bedrooms. These mattresses remained in place throughout the inspection despite the potential risks being brought to the attention of management earlier in the inspection. Two areas for improvement were identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. A mealtime co-ordinator was available within each unit to ensure the correct delivery of food to patients.

Patients commented positively about the food provided within the home with comments such as: "The food is excellent here", "Plenty of choices and a good variety of food" and "The food is very good".

A Christmas sing along with live music was taking place in the afternoon where patients and their visitors were observed joining in and appeared to enjoy same. A schedule of activities was on display within the home offering a range of individual and group activities such as arts and crafts, bingo, games, quizzes and exercises.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "I enjoy the activities here in the home", "Plenty of activities" and "I am happy here".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a sample of care records evidenced that a number of care plans and risk assessments had not been completed within the required timeframes. An area for improvement was identified.

Review of a sample of care records regarding patients at risk of dehydration evidenced that two patients daily fluid intake over several days was below the recommended target with no evidence of a referral to their General Practitioner (GP) as per the instructions within their care plan. An area for improvement was identified.

Patients care records were reviewed regularly and held confidentially. Nurses recorded regular evaluations about the delivery of care; a discussion was held with the management team regarding some entries being repetitive in nature; the management team agreed to review this and to action where necessary.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection.

Staining was observed to floor coverings around two en-suite toilets; there was small holes in wall tiles above wash hand basins in patients en-suites where soap dispensers had been removed; and the carpet on the stair case and landing leading from the ground floor to the first floor was stained. An area for improvement was identified.

Prescribed topical creams were not securely stored in a number of patient's en-suite vanity units, some of which had no label or date of opening. It was further identified that items such as nail polish, nail polish remover and razors were easily accessible within identified vanity units. Details were discussed with the management team and two areas for improvement were identified.

Review of the laundry room identified a number of deficits regarding the overall management and cleanliness of the environment. For example; dust and debris was evident to the back of washing machines and tumble dryers; clean mop heads were observed on top of washing machines; staining was evident to the wall mounted soap dispenser and the sink for hand washing was unclean. An area for improvement was identified.

Whilst there was evidence that systems and processes were in place to manage infection prevention and control (IPC) and most staff were compliant with IPC best practice, two members of staff from housekeeping/domestic were not bare below the elbow. An area for improvement was identified.

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 has been the Manager since 26 September 2023.

Staff commented mostly in positive terms regarding the management of the home, describing them as supportive, approachable and able to provide guidance.

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the Trust and to RQIA. Review of records and discussion with the manager

evidenced that one notifiable event had not been submitted to RQIA. Following the inspection, the necessary notification was received.

Review of the Adult Safeguarding (ASG) folder evidenced that any referrals to ASG were maintained within the folder along with any corresponding documents. For example; recommendations made by ASG, meetings and the outcome of referrals.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. This included monthly audits of complaints received. Whilst a record of complaints was maintained by the management team along with the action taken, the date of when the complainant was informed of the outcome of the home's investigation and/or if they were satisfied with the outcome, was not consistently recorded. An area for improvement was identified.

The complaints template also required review due to a duplicate statement evident across a sample of complaint records reviewed, that did not relate to individual complaints. The manager agreed to have the complaints template updated.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

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	11*

* The total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 12 (2) (a) **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that crash mats are used and in place where appropriate. Ref: 3.3.2
	Response by registered person detailing the actions taken: All crash mats within the home have been reviewed. For the two residents who were previously using standard mattresses as an alternative, these have been removed and replaced with appropriate crash mats. Crash mats are now in place where assessed as required, and their use will continue to be monitored as part of ongoing risk assessment and care planning. Checks are also monitored by the registered manager during the daily walkabout.
Area for improvement 2 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that a robust system is in place regarding new admissions to the home so that care plans and risk assessments are completed within the required timeframes. Ref: 3.3.3
	Response by registered person detailing the actions taken: A new admissions checklist will be implemented to ensure that care plans and risk assessments are completed within the required timeframe for all new residents. This checklist will be closely monitored by management to provide assurance that documentation is completed promptly and in line with regulatory requirements on admission of each resident and when any residents return from hospital.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall review the secure storage of items within patient vanity units, to reduce any potential risks, in accordance with the assessed needs of patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: The secure storage of items within patient vanity units is monitored daily by management during walkabouts. Supervision has been completed with all staff to reinforce the importance of safe storage of items and creams, and to ensure vanity units are locked at all times in line with residents' assessed needs. Reminder posters have been displayed on all vanity units

	outlining security requirements and appropriate items for storage. This is monitored by the manager during the daily walkabout and during her audits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** Second time **To be completed by:** 16 December 2025	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. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: The staff duty rota is checked daily by management to ensure it accurately reflects staff on duty and the hours worked within each unit. Supervision has been completed with all nursing staff to reinforce the requirement that any changes to staffing are updated on the duty rota immediately, ensuring it remains accurate at all times. This will be checked by the manager prior to the weekend to ensure rotas and allocations of staff are accurate.
Area for improvement 2 **Ref:** Standard 38.3 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that staff are recruited in accordance with legislative requirements. With specific reference to ensuring that a full employment history is obtained and that any gaps in employment are explored and explanations recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken: A gap in employment monitoring form has been introduced and is completed by all staff during recruitment. Any gaps in employment are explored, with explanations obtained and recorded by administration and management to ensure recruitment is carried out in line with legislative requirements. A copy of all gaps in employment and reasons for these are held in each member of staffs personnel file.
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that the gender mix of staff is reviewed within each of the units in accordance with patients' preferences and assessed needs. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Regional Manager has reviewed the gender mix of staff across all units in line with residents' preferences and assessed needs. The review confirmed that only one female resident has a documented preference for female staff to provide personal care. This preference is recorded in the care plan and is

	respected through appropriate staff allocation. The gender mix of staff will continue to be reviewed as part of ongoing care planning and management oversight. Each unit will have at least one female staff member working at all times.
Area for improvement 4 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that patients are repositioned within the recommended frequency as stated within their care plan; and that the date and frequency of repositioning is fully and accurately recorded within the corresponding repositioning charts. Ref: 3.3.2
	Response by registered person detailing the actions taken: Supervision has been completed with all staff regarding repositioning in line with care plans. Nursing staff have been reminded to accurately complete and sign repositioning charts at the end of each shift. Twelve-hour shift reports are completed by all nurses and returned to management, and repositioning charts are monitored regularly. The Home Manager and Deputy Manager review repositioning charts daily during their walkabouts to ensure compliance
Area for improvement 5 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that the home's falls management policy is reviewed to include the regional falls pathway being used by the home. Ref: 3.3.2
	Response by registered person detailing the actions taken: The falls management policy includes the regional post-falls pathway. This is clearly referenced within the policy at sections 2.2.1 and 9.2.2, confirming that the pathway is in place and in use.
Area for improvement 6 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that the reasons and outcomes for any variance to a patient's care plan is fully documented with specific reference to patients at risk of dehydration and where the recommended fluid target is not achieved. Ref: 3.3.3
	Response by registered person detailing the actions taken: Supervision has been completed with all nurses to reinforce the importance of monitoring daily fluid intake and contacting the GP if recommended targets are not met. Twelve-hour shift reports are completed by all nurses, with fluid intake monitored and actions recorded. Daily care huddle completed at unit level to ensure that residents at risk of dehydration or with low fluid intake are discussed, actions are taken, and staff are made

	aware. Completed safe care huddles are returned to management for review to ensure oversight and follow-up.
Area for improvement 7 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 16 February 2026	The registered person shall ensure that the environmental issues identified during this inspection are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The environmental issues identified during the inspection have been addressed. All ensuite flooring has been measured and requested via E-Logs, all tiles that were previously uncovered have been addressed and are now covered by maintenance. The status of ensuite flooring is documented on E-Logs for monitoring and follow-up.
Area for improvement 8 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that prescribed topical creams are appropriately labelled to denote ownership and are safely and securely stored at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervision has been completed with all staff to reinforce the importance of using prescribed topical creams only for the specific residents for whom they were prescribed, and correct labelling is applied. Staff have been reminded to store creams safely and securely at all times. Reminder posters are in place on all vanity units, and all creams are returned to the nurses' station after each use. Storage of creams is monitored daily by management during walkabouts to ensure compliance.
Area for improvement 9 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that the laundry room is managed effectively in line with infection prevention and control guidelines. Ref: 3.3.4
	Response by registered person detailing the actions taken: The laundry room is managed in line with infection prevention and control guidelines. A deep cleaning schedule has been implemented, and the condition of the laundry flooring has been recorded and monitored via E-Logs to ensure ongoing compliance.This will be checked by the manager during her daily walkabout

Area for improvement 10 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that housekeeping and domestic staff are bare below the elbow in accordance with IPC best practice guidelines. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervision has been completed with all housekeeping and domestic staff to reinforce the importance of infection prevention and control, including the bare below the elbow practice. Compliance is monitored daily by management during walkabouts. Twelve-hour shift reports are completed for each unit, and all staff are checked at the start of each shift to ensure infection control standards are consistently met.
Area for improvement 11 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 16 December 2025	The registered person shall ensure that complaints records include the date the complainant was informed of the outcome of the home's investigation and the complainant's level of satisfaction. Ref: 3.3.5
	Response by registered person detailing the actions taken: All complaints have been reviewed and appropriate actions addressed. The Home Manager monitors all complaints to ensure records include the date the complaint was raised, the outcome of the home's investigation, and the complainant's level of satisfaction.

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

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