The Regulation and Quality Improvement Authority

# Inspection Report

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

**Provider:** Healthcare Ireland (Belfast) Limited

**Date of Inspection:** 26 August 2026

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Healthcare Ireland (Belfast) Limited |
| **Responsible Individual:** | Ms Andrea Louise Campbell |
| **Registered Manager:** | Mrs Julieann McClure – not registered |

**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 26 August 2026, from 9.40 am to 7.10 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 16 December 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients. Care was 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 it was positive to note that eleven areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated for a second time. One area for improvement has been carried forward for review 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 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 very good to us here", "I am very happy here", "This place is as good as a hotel", I have everything I need here" 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 new management are very approachable", "I have seen great improvements since the new management have started", "Good staff morale", "Staffing levels are good" and "I am very happy working here".

The inspector spoke with two relatives during the inspection. Comments included: "There are some great staff here", "The staff are very good here", "Overall I am satisfied with my (relatives) care", "If I have any issues the management here have addressed them" and "Happy with my (relatives) care". All other comments were shared with the management team.

Seven questionnaires were received from patients and relatives who were very satisfied with the overall delivery of care. Comments included: "Beyond expectations", "A great team", "We are beyond happy with the care and compassion towards (relative)", "The team go the extra mile with the families and the activities they provide".

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

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 satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

### 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.

It was observed that 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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Observation of patients being transported in wheelchairs evidenced that lap belts were not being used to maintain patient safety. An area for improvement was identified.

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 a number of entries within recording charts exceeded the recommended frequency of repositioning as detailed within the patient's care plan. An area for improvement has been stated for a second time.

In addition to the above, where a patient had been assessed as requiring assistance of two staff there were several entries within recording charts with only one staff signature. It was further identified that the patient's full name or the recommended frequency of repositioning was not always recorded on charts. Details were discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

Review of a sample of care records regarding wound care evidenced that a number of dressings had not been renewed within the recommended timeframe. It was further

identified that the type of dressings used for one patient had not been included within the care plan. An area for improvement was identified.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display offering a choice of two meals and a meal time co-ordinator was allocated to oversee the correct delivery of meals to patients.

Patients commented positively about the food provided within the home with comments such as: “I enjoy the food here and we always get a good choice”, “The food is great. I couldn’t ask for better” and “The food is nice here”. A small number of patients did comment that the food was not always warm in accordance to their preference. This was discussed with the management team who agreed to review and action as necessary.

The importance of engaging with patients was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as bingo, arts and crafts and live music.

The activity coordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. One to one time was provided in the morning and live music. Arts and crafts was provided in the afternoon.

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” and “Plenty of things to do 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 had not been completed within the required timeframe. This had been identified by the management team via their auditing processes and they were continuing to review this on a more frequent basis to ensure full compliance. A decision was therefore made to carry this area for improvement forward for review at a future inspection.

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 has been stated for a second time.

Whilst care records were person centred and reviewed regularly there were inconsistencies within one patient’s care records regarding their dietary/fluid level in accordance with the

Speech and Language Therapist (SALT) recommendations. Details were discussed with the management team and an area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. The management team confirmed that refurbishment was ongoing to ensure that the home is well maintained.

Whilst most areas of the home were suitably furnished, warm and comfortable, surface damage was identified to a number of wash hand basins and fixtures such as sink plugholes, taps and chains. Details were discussed with the management team who agreed to complete a full audit of all hand wash basins. An area for improvement was identified.

Some equipment used by patients had not been stored appropriately following use. This was discussed with the management team who took relevant action to address this and agreed to monitor going forward.

There was access to a kitchenette within an identified unit containing electrical equipment, food items and liquids. The potential risks were discussed with the management team and an area for improvement was identified.

A Fire Risk Assessment (FRA) had been completed on the 22 June 2026. A number of recommendations were made following this assessment which were confirmed by the manager as having been completed.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. There was evidence that systems and processes were in place to manage infection prevention and control (IPC).

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Julieann McClure has been the manager in this home since 14 May 2026.

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

Review of accident/incident records evidenced that relevant persons had been notified and appropriate action taken.

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 manager responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the home.

## 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 |
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| **Total number of Areas for Improvement** | 2* | 6* |

* The total number of areas for improvement includes two standards that have been stated for a second time and one regulation that has been carried forward for review at the next inspection.

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

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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 10 (1)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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. |
| | **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.**<br><br>Ref: 2.0 and 3.3.3 |
| **Area for improvement 2**<br><br>**Ref:** Regulation 14 (2) (a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 August 2026 | The registered person shall ensure that kitchenette doors are kept locked when not supervised by staff to reduce any potential risks to patients.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken**:<br>Key pad has now been installed on the door and it is locked at all times when the kitchen is not in use. |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 23<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>26 August 2026 | 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.<br><br>Ref: 2.0 and 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Each resident requiring repositioning, now has their personalised frequency of repositioning documented on their repositioning charts aswell as being triangulated with their repositioning care plan and the handover sheet. |
| **Area for improvement 2**<br><br>**Ref:** Standard 4.9<br><br>**Stated:** Second time | 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.<br><br>Ref: 2.0 and 3.3.3 |

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| **To be completed by:**<br>26 August 2026 | **Response by registered person detailing the actions taken:**<br>Each resident now has an achievable fluid target specific to their needs. If this target is not met for 3 days then their GP is contacted and the outcome of this is documented in their care and daily notes and fluid balance charts. |
| **Area for improvement 3**<br><br>**Ref:** Standard 47.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 August 2026 | The registered person shall ensure that lap belts are utilised when transporting patients in wheelchairs, in accordance with the patients' assessed needs.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>All wheelchairs now have a visual prompt for staff to ensure lapbelts are always in place during transportation. This has also been highlighted during manual handling training. |
| **Area for improvement 4**<br><br>**Ref:** Standard 23<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 August 2026 | The registered person shall ensure that for any patient requiring wound care, the type of dressings to be used and the frequency of dressing renewal should be clearly documented within the patients care plan and reflected within wound care evaluation records.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>This continues to be monitored and spot checked by the manager for all residents who required wound management. |
| **Area for improvement 5**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 August 2026 | The registered person shall ensure that SALT recommendations are consistent within care records to direct staff.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>This has been addressed and triangulation of information on care plans and handovers aswell as diet notification sheets and meal distribution lists to ensure all relevant information is up to date. |
| **Area for improvement 6**<br><br>**Ref:** Standard 44.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 October 2026 | The registered person shall ensure that wash hand basins and fixtures are reviewed throughout the home and repaired/replaced where necessary.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>A full audit has been completed of all sinks within the service and an action plan generated for all plug holes and taps which require replacement or repair. |

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

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