

Unannounced Care Inspection Report 28 September 2017



Carlisle House

Type of Service: Residential Care Home

Address: 2-4 Henry Place, Clifton Street, Belfast, BT15 2BB

Tel No: 028 9032 8308

Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 16 residential beds that provides care for adults with past or present alcohol or drug dependence.

3.0 Service details

Organisation/Registered Provider: Board of Social Witness Responsible Individual: Mr Lindsay Conway	Registered Manager: David Cuthbert
Person in charge at the time of inspection: James Small, Deputy Manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) A - Past or present alcohol dependence D - Past or present drug dependence	Number of registered places: 16

4.0 Inspection summary

An unannounced care inspection took place on 28 September 2017 from 10:45 to 15:45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to communication between residents, staff and other key stakeholders, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to completion of monthly monitoring visits, secure looped pull-cords, completion of smoking risk assessments and provision of staff training in Control of Substances Hazardous to Health (COSHH).

Residents said that they thought the environment was well maintained, the food was lovely and that the staff and activity programmes were great.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with James Small, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with two residents, the deputy manager, one member of therapy staff and two ancillary staff.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- The on-call duty rota
- Staff training schedule and staff training matrix
- The weekly menu
- The residents' chores rota
- Two residents' care records
- Minutes of recent staff meetings
- Compliment records
- Accident/incident/notifiable events register
- Minutes of recent residents' forum meetings
- A sample of exit evaluations
- Monthly monitoring reports
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manuals

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.-(4) (f) Stated: First time	The registered provider shall ensure weekly fire checks are completed.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following an inspection of the fire check records.	
Area for improvement 2 Ref: Regulation 29(3) Stated: First time	The registered provider shall ensure all monthly monitoring visits are completed.	Partially Met
	Action taken as confirmed during the inspection: Records of previous monthly monitoring visits undertaken from May 2017 to the date of the inspection were reviewed. The visit for the month of September took place on the day of the inspection. A report was not available for the months of June 2017 or August 2017. Following the inspection, the deputy manager confirmed that a visit had not been undertaken during these months. This is stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager described the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, and staff. An on-call duty rota was reviewed as part of the inspection process.

Discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff evidenced that mandatory training, supervision and appraisal of staff was regularly provided. Review of a schedule for mandatory training identified that training in COSHH was last undertaken in 2014 and was not scheduled to take place during 2017. This was identified as an area for improvement and action is required to comply with the standards.

Review of the recruitment and selection policy and procedure evidenced that it complied with current legislation and best practice. Discussion with staff evidenced that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Two staff advised that they were registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff on 10 March 2017.

The deputy manager advised that there had been no incidents of adult safeguarding; any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The deputy manager advised that there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager advised that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

Discussion with the deputy manager and inspection of the policy and procedures manuals confirmed that there were risk management policy and procedures in place in relation to safety in the home. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Health and Safety and Fire Safety.

Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) on 2 June 2017 in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels provided.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and bedrooms and communal areas were well maintained and decorated. The deputy manager advised that new settees had recently been purchased for the living room. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, suitable for and accessible to residents, staff and visitors. One hazard to the health and safety of individuals was identified in regard to unsecured looped pull-cords. This was identified as an area for improvement and action is required to comply with the standards. Discussion with the deputy manager established that risk assessments and action plans were in place to reduce risk where possible.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained.

Staff spoken with during the inspection made the following comments:

- “Really, really supportive induction. In my experience here, supervision happens regularly and was very supportive”
- “That (training undertaken regarding Hepatitis B and C) was really useful”
- “They (handovers) are thorough”
- “(prior to admission) we know about the person and the risks”

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, infection prevention and control, risk management and the home's environment.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the fitting of a safety catch on all looped pull-cords to prevent strangulation and all staff completing training in COSHH.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred. It was noted, however, that risk assessments were not completed in regard to smoking. An area for improvement was identified and action is required to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff evidenced that a person centred approach underpinned practice.

The deputy manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, weekly residents' forum meetings, staff meetings and staff shift handovers. The deputy manager and staff advised that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident forum meetings were reviewed during the inspection.

A review of care records and accident and incident reports evidenced that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken to made the following comments:

- “We tend to hold onto the therapy team (members)”
- “We always want to appoint the right staff”

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regard to the completion of a risk assessment pertaining to smoking.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The deputy manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Staff advised that residents’ spiritual and cultural needs were facilitated. Discussion with staff and a review of residents’ care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. A programme was displayed on a large white board in a communal area and the weekly menu was displayed in the dining room.

Discussion with the deputy manager, staff and a review of residents’ care records confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of social interactions demonstrated that residents were treated with dignity and respect. Staff were aware of the importance of promoting residents’ rights, independence and dignity. Staff were able to demonstrate how residents’ confidentiality was protected.

Discussions with the deputy manager, staff and residents evidenced that residents were listened to, valued and communicated with in an appropriate manner; residents’ needs were

recognised and responded to in a prompt and courteous manner by staff. There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. These systems included residents' forum meetings, individual reviews of care and support and weekly evaluations.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report. Improvements made as direct result of the resident consultation included changes made to the weekly programme.

Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An art and craft room was observed to be well resourced and the deputy manager advised that a number of residents undertake distance learning courses using the home's computer suite. Arrangements were in place for residents to maintain links with their friends, families and wider community. Some residents attended a spin class nearby.

Residents spoken with during the inspection made the following comments:

- "It's like a family"
- "The staff are great"
- "That group this morning was really good"
- "It's a great place"

Staff spoken with during the inspection made the following comment:

- "Compassion and respect. We are expected to demonstrate and include acceptance. The environment is to feel supportive and safe. We point out the complaints procedure"

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The deputy manager advised that there had been no complaints since the previous inspection. Staff demonstrated that they were knowledgeable about how to receive and deal with complaints.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The deputy manager advised that information in regard to current best practice guidelines was made available to staff. Whilst mandatory training was provided, training in regard to COSHH had not been provided to staff since 2014 and is referred to in section 6.4 of the report. Additional training opportunities had been made available to staff relevant to any specific needs of the residents, for example seizure management training had been delivered to staff on 1 September 2017.

Monthly monitoring visits had not been undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. This is referred to in section 6.2 of the report and an area for improvement is stated for the second time.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The deputy manager advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises evidenced that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

The deputy manager advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Staff advised that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection made the following comments:

- “Every group is evaluated and trends identified”
- “There has been that support (management support) here. It’s totally okay to ask questions”

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One staff commented:

- “Due to size of team it can be difficult to accommodate continuous professional development and have adequate cover, therefore learning outcomes may not be implemented.”

This was shared with the deputy manager to follow up.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was stated for the second time in regard to the completion of monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with James Small, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29.3 Stated: Second time To be completed by: 1 November 2017	The registered provider shall ensure all monthly monitoring visits are completed. Ref: 6.2 Response by registered person detailing the actions taken: Registered Provider informed of the requirement of this area of improvement
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 28.3 Stated: First time To be completed by: 1 February 2018	The registered person shall ensure that staff complete training in Control of Substances Hazardous to Health (COSHH). Ref: 6.4 Response by registered person detailing the actions taken: Have contacted 'Staff Training' to provide this training before end of December 2017
Area for improvement 2 Ref: Standard 28.1 Stated: First time To be completed by: 30 November 2017	The registered person shall ensure that all looped pull-cords are secured in order to prevent strangulation. Ref: 6.4 Response by registered person detailing the actions taken: This will be completed by end of October 2017
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 15 November 2017	The registered person shall ensure that risk assessments are completed in regard to smoking. Ref: 6.5 Response by registered person detailing the actions taken: A brief risk assessment will be completed as an attachment to the Fire Safety Form which is signed on admission by each resident.

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



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