



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Carlisle House
Establishment ID No:	1587
Date of Inspection:	28 May 2014
Inspector's Name:	Lorna Conn
Inspection No:	16809

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Carlisle House
Address:	2-4 Henry Place Clifton Street Belfast BT15 2BB
Telephone Number:	028 90328308
E mail Address:	dcuthbert@pcibsw.org
Registered Organisation/ Registered Provider:	Board of Social Witness Mr Lindsay Conway
Registered Manager:	Mr David Cuthbert
Person in Charge of the home at the time of Inspection:	Mr David Cuthbert
Categories of Care:	RC-A ,RC-D
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	9
Scale of Charges (per week):	£642
Date and type of previous inspection:	27 November 2013, Primary announced inspection
Date and time of inspection:	28 May 2014, 12:45 pm - 3:10 pm
Name of Inspector:	Lorna Conn

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Visual Inspection of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Carlisle House is situated close to Carlisle Circus in Belfast. The home was planned and built in conjunction with Oaklee Housing Association to care for and treat adults with addiction dependency. It is operated and managed by the Presbyterian Board of Social Witness.

The philosophy of care aims to foster a therapeutic environment to address alcohol addiction and drug dependency. Residents are admitted for a six week rehabilitation programme which includes assessment, group work, individual counselling, support groups and reviews. Post programme support is also available.

The accommodation is on two floors. The ground floor includes a reception area, living and dining rooms, a variety of office accommodation and rooms which are used for counselling, group work, individual counselling, group therapy, art/craft work rooms as well as laundry facilities, kitchen and storage room.

The first floor has twelve individual bedrooms for residents as well as two sleepover bedrooms for staff, bathroom/shower/toilet facilities and rooms for group activities.

Outside there is a semi enclosed garden and a smaller enclosed area at the rear of the building. Both of these are equipped to facilitate residents who smoke. Although the home is in very close proximity to busy streets and other buildings, its design and position provide a well hidden and quiet retreat from the surrounding city.

SUMMARY

This is a summary of a secondary unannounced care inspection of Carlisle House Residential Care Home. The inspection was undertaken on 28 May 2014 from 12:45 pm - 3:10 pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection. Verbal feedback was given at the end of the inspection to Mr David Cuthbert, the registered manager.

On arrival the inspector was welcomed by Mr David Cuthbert, the registered manager. The inspector viewed parts of the home accompanied and also alone during the inspection. The home was found to be clean, tidy but the décor in the dining room and foyer was noted to be in need of attention. One new requirement regarding re-decoration of the dining room and foyer was made following this inspection.

Thereafter, the inspector focussed on examining the previous quality improvement plan and found that one requirement and five recommendations were compliant. One requirement and one recommendation concerning the monthly monitoring visits were rated as not compliant. It is of concern that these have been stated on a second occasion.

The inspector met and spoke to as many residents as possible who stated they were happy and content living in the home and discreetly observed care practices. There were no visiting professionals or relatives present in the home during the inspection.

The inspector spoke privately to one member of staff on duty who made positive comments regarding working in the home; the care provided and the support received from management and no concerns were expressed.

The inspector wishes to acknowledge the full co-operation of the registered manager; residents and staff throughout the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	29 (2) & (3)	<p>Where the registered provider is an organisation, the home shall be visited by the responsible individual; one of the partners; a director or other person responsible for the management of the organisation or an employee of the organisation at least once per month and be unannounced.</p> <p>(standard 20.11)</p>	<p>There were no records available to evidence that the monthly monitoring visits had occurred. This matter requires urgent attention and is stated on a second attention.</p>	<p>Not Compliant</p>
2.	15 (1) (a); 12 (1) & (2)	<p>The registered person must ensure that for the one identified resident, their needs have been assessed by a suitably trained person; that a risk assessment is conducted to ascertain the appropriateness of any equipment to be used; this is reflected in the care plan; agreed with the resident and that this is kept under regular review.</p> <p>(standards 5.2; 6.2; 6.7)</p>	<p>This matter was attended to shortly after the last inspection and the inspector was kept fully informed as this situation was addressed. Records were available on site to confirm this progress. Due to the duration of the programme in this home, this resident is no longer living in the home.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.4	The registered person is recommended to review how progress in attaining any personal outcomes sought by the resident is recorded within the review.	Three resident files were examined and all were found to have recorded progress regarding personal outcomes.	Compliant
2.	11.5	The registered person is recommended to ensure that a copy of the record of the meeting is issued to the resident and where appropriate their representative, and any others who contributed to the review, unless there are clear and recorded reasons not to do so.	Three resident files were inspected and all included verification that a record of the review meeting had been offered to the resident.	Compliant
3.	16.1	The registered person is recommended to ensure that the flowchart is developed for staff guidance in the event of a vulnerable adult's incident.	A flowchart was in place for staff guidance as recommended.	Compliant
4.	19.2	The registered person is recommended to review the recruitment information held on site and ensure that information is available for inspection purposes to verify that all the information stipulated within regulation 21, schedule 2 and standard 19.4 has been provided.	A new recruitment checklist provided confirmation that the issuing of terms and conditions of employment was now recorded.	Compliant

5.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	There was written documentation in place to demonstrate that residents were being involved in the recruitment process which was good to note. The manager has plans to further develop this area.	Compliant
6.	20.12	The registered person is recommended to ensure that monthly monitoring reports are further developed to include fuller records of relative and staff involvement.	There were no records available since December 2013 to evidence that the monthly monitoring visits had occurred. This matter requires urgent attention and is stated on a second attention.	Not Compliant

ADDITIONAL AREAS EXAMINED

Residents' views.

The inspector met many of the residents in the home at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Their comments included:-

'It's invaluable here. There should be more places like this'.

'The programme is fantastic and the staff are all good counsellors'.

'The food is excellent and I've benefitted greatly from the programme'.

'There's a lot of interaction between the staff and residents as we have residents forum every Monday and a good chance to feedback twice a day and see our link worker very regularly. I feel they are really listening to us'.

'It's brilliant'.

'You get all you need. It's homely and not clinical'.

Visiting professionals' views

There were no visiting professionals present in the home at the time of the inspection.

Visitors/ Relatives views

There were no visitors/relatives present in the home at the time of the inspection.

Staff views

During the inspection the inspector met with one member who was on duty who made complimentary comments regarding the care and staff teamwork as well as the training and support they received. Staff comments included:-

'The staff are very committed to what they are doing and there are good relationships between the staff and residents. Any mandatory training that is needed is done'.

Environment

The inspector viewed the home accompanied by care staff and alone and inspected a number of residents' bedrooms and communal areas and found it to be adequately furnished; spacious, clean and tidy. The atmosphere in the home was homely and welcoming. There has been rolling redecoration of the home over the past couple of years which was good to note.

However, the décor in the dining room and foyer was observed to be rather tired. A requirement was made regarding this matter and is detailed within the attached QIP.

Observation of Care practices

The inspector was not able to be observed staff practices due to the nature of this setting. However, resident and staff feedback was very positive concerning staff interactions which was good to note. No concerns were expressed.

Fire Safety

There were no visible health and safety hazards. All fire exits were unobstructed and fire doors were closed.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr David Cuthbert, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Lorna Conn
Inspector/Quality Reviewer

13 June 2014

Date

Upload please.



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Carlisle House

28 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr David Cuthbert during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	29 (2) & (3)	Where the registered provider is an organisation, the home shall be visited by the responsible individual; one of the partners; a director or other person responsible for the management of the organisation or an employee of the organisation at least once per month and be unannounced. (standard 20.11)	Two	INFORMED SENIOR MANAGEMENT AT PPSW 16.6.14	By 28 June 2014.
2.	27 (2) (d)	The registered person shall ensure that all parts of the home are reasonably decorated namely the dining room and foyer. (standard 27.1)	One	CURRENTLY BEING QUESTIONED. 17.6.14.	By 28 September 2014.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20.12	The registered person is recommended to ensure that monthly monitoring reports are further developed to include fuller records of relative and staff involvement.	Two	IN DISCUSSION WITH PPSW.	By 28 June 2014.

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: 

NAME: Lindsay Conway
 Registered Provider

DATE: 17th July 2014

SIGNED: 

NAME: DAVID CURRAN
 Registered Manager

DATE: 19-6-14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorne Curran	28/7/14.
Further information requested from provider			