

# Inspection Report

**13 July 2023**



## Carlisle House

**Type of Service: Residential Care Home**

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

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness	<b>Registered Manager:</b> Mr David Cuthbert
<b>Responsible Individual:</b> Mr Dermot Parsons	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Julia Neal, Senior practitioner	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC): D – past or present drug dependence A – past or present alcohol dependence	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 9
<b>Brief description of the accommodation/how the service operates:</b>  This residential care home provides health and social care for up to 16 residents with past or present drug or alcohol misuse. These placements are funded by the Belfast and Northern Health and Social Care Trusts.  The service uses two buildings; a main entrance building, which is also used for group therapy sessions, meetings and one to one sessions and a housing building with bedrooms, communal lounges, kitchen and bathrooms. There is a garden area to the front of the building.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 July 2023, from 9.45 am to 2.30 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in the home was a good experience and that the staff were excellent.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care.

Specific comments received from residents and staff are included in the main body of this report.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

Areas for improvement were identified in relation to person in charge competencies, Mental Capacity Act (MCA) training, the locking of cleaning store doors and the fire risk assessment.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Julia Neal, Senior Practitioner at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents told us that they were happy in Carlisle House and described staff as "amazing" and "attentive." Residents talked about the support that they had been offered during their stay in the home. One resident referred to the service as "very professional" while at the same time offering a "homely, relaxed feel."

Staff spoke positively in terms of the provision of care and support offered in the home. One staff member said “I enjoy working here, the smaller team means we have great team work, also it is good to be able to spend time with the residents.”

All staff spoken to highlighted the importance of taking a person centred approach when working alongside the residents.

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments included, “absolutely amazing support and encouragement,” and “all of you are so lovely.”

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Carlisle House was undertaken on 1 June 2023 by a pharmacy inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. In one file viewed gaps were noted in employment history of one staff member this was discussed during feedback and written assurances were provided post inspection that this had been addressed, therefore an area for improvement was not identified at this time.

There were systems in place to ensure staff were trained and supported to do their job. However mandatory Mental Capacity Act (MCA) training had not been completed by the staff team. This was discussed during feedback for action, an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, therapy sessions and one-to-one sessions.

Competency and capability assessments for the person in charge of the home when the manager is not on duty were not being carried out. The importance of these assessments was discussed with the senior practitioner during feedback. An area for improvement was identified.

Residents said that the staff were very “knowledgeable” and one resident said “the staff are so attentive; I have confidence in them.”

### 5.2.2 Care Delivery and Record Keeping

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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. One resident said “the staff take time to listen to us, they understand us.”

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents have individual plans highlighting when they can receive visitors and when they can leave the home to go to the shop. These individual arrangements are agreed with the residents on admission to the home. On a day to day basis residents make their own choices and decisions regarding meals and how they spend their time in the evenings.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was evidence that residents’ needs in relation to nutrition and the dining experience were being met.

There was choice of meals offered and staff advised that the menus are changed weekly. Residents confirmed that choice was always available and that the cook accommodated individual residents’ preferences. Residents commented on the quality of the food, stating “the food is amazing,” and “the food here is fantastic, the cook really care about us.”

Residents’ needs were assessed 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 contained detailed information with regards to the residents’ personal circumstance, preferences and life history. This information was important in assisting the staff to understand the residents’ life story and to support them with their recover. Daily records were held on how residents spent their day.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home’s environment evidenced that the home was clean, tidy and well maintained.

Staff explained that the facilities in the bedrooms was kept minimal to encourage residents to socialise in communal areas. Each bedroom contained a safe for medication/valuables and a notice board showing house rules, individual arrangements and any other relevant information. Residents were satisfied that their bedrooms were regularly cleaned.

Corridors were clean and free from clutter or hazards. Concerns were identified regarding the lack of effective management of risk to residents. The cleaning cupboard and other areas containing items of COSHH were found to be unlocked. This was discussed with the senior practitioner during the inspection for immediate action. An area for improvement was identified.

A fire risk assessment was carried out in 13 March 2023, a number of actions from the fire risk assessment had not been completed within the required timescale. A fire door was also found to be propped open. This was discussed with the senior practitioner during feedback, who agreed to follow these actions with the manager. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures had been provided.

Staff were observed to carry out hand hygiene at appropriate times in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Residents**

Residents confirmed that, whilst a structured programme was in place they were able to choose how they spent aspects of their day. Residents said that they enjoyed the group sessions and found them useful.

There was a gym available for the residents to use and various creative sessions were also available, for example an art room and a fully stocked music room. The communal lounge had a large TV and WIFI. There is a pool room and a relaxation room which residents are free to use as they choose.

There are resident meetings on a weekly basis where residents have their say on daily life including input on menus.

One resident told us “the facilities are great, there is lots to do.”.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection; Mr David Cuthbert has been the Manager in this home since April 2005.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. A senior manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the staff would deal with any concerns or complaints quickly and fairly.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Julia Neal, Senior Practitioner, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection	The registered person shall ensure that competency and capability assessments are carried out with any person who is given the responsibility of being in charge of the home for any period of time.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b>



	<p>Person in Charge Competency Assessments are being carried out by the Manager and Senior Practitioner with each staff member who may fill this role, using CSW's assessment template. This process will be complete for all staff by 20.09.23.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to cleaning fluids.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A new key management system is in place as of 18th August 2023, reflecting the need to support COSHH arrangements. Within these arrangements, keys specific to the cleaning store and sluice room are given to the domestic staff at start of shift and returned to senior staff at end of shift. Compliance with the new arrangements will be monitored by the Manager.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure that all actions from the most recent fire risk assessment are completed in a timely manner and that the practice of propping fire doors open ceases immediately.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> CHOICE Housing was informed of the CSW Fire Risk Assessment and completed a survey of the premises in relation to issues raised on 18<sup>th</sup> July 2023. A meeting between CSW Senior Manager and Maintenance Officer was held on the 24<sup>th</sup> July 2023 to track progress. A meeting with a senior representative of CHOICE Housing has now been requested to secure an urgent update on this matter.</p> <p>Staff have been reminded about safe practice with fire doors. This will be monitored by the Manager and will be checked during monthly monitoring visits.</p>



<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> <b>From date of inspection</b>	<p>The registered person shall ensure that staff mandatory training requirements are met. this is with specific reference to Mental Capacity Act training.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A new online training system has been purchased by CSW - Strategic Thinking. All staff have been directed to complete relevant Mental Capacity Act training by 31/08/23 Regular monitoring of overall training compliance is in place.</p>

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



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