

Unannounced Care Inspection Report 1 December 2020



Carlisle House

Type of Service: Residential Care Home (RCH)

**Address: 2-4 Henry Place, Clifton Street,
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Inspector: Alice McTavish

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 16 people. The home offers placements for people who are undertaking treatment for alcohol, drug or substance misuse. The placements are commissioned by the Belfast HSC Trust and the Northern HSC Trust.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway	Registered Manager and date registered: David Cuthbert, 1 April 2005
Person in charge at the time of inspection: David Cuthbert	Number of registered places: 16
Categories of care: Residential Care (RC) D – Past or present drug dependence. A – Past or present alcohol dependence.	Number of residents accommodated in the residential home on the day of this inspection: 6

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan, to examine the arrangements in place for infection prevention and control (IPC) and the arrangements for governance and management.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care records
- governance and management arrangements

We spoke with some people who were participating in the treatment programme who said that they found the programme useful and they enjoyed the opportunity to recover and share their experiences with others.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with David Cuthbert, 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.

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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection.

During the inspection the inspector met with two residents, one member of treatment staff and the cook. Questionnaires and 'Tell Us' cards were left for distribution to residents so that they might give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The following records were examined during the inspection:

- duty rota for 30 November to 6 December 2020
- staff recruitment and induction
- staff training
- staff supervision and appraisal
- staff handovers
- cleaning schedules
- Regulation 29 monthly quality monitoring reports
- Annual Quality Report
- complaints and compliments
- service users exit satisfaction survey
- fire risk assessment and fire safety checks
- incidents and accidents reports
- one service user's care records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 January 2020.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.5 Stated: Second time	The registered person shall ensure that action taken to address the fire risk assessment improvements/recommendations is recorded, dated and signed.	Met
	Action taken as confirmed during the inspection: Inspection of the current Fire Risk Assessment dated 12 April 2020 confirmed that all recommendations were addressed and appropriately signed and dated.	
Area for improvement 2 Ref: Standard 17.4 Stated: Second time	The registered person shall ensure that RQIA, address/telephone and e-mail address is added to the complaints procedure within the resident handbook and leaflet on complaints.	Met
	Action taken as confirmed during the inspection: Inspection of the home's complaints policy and procedure, and other information provided to service users, confirmed that the contact details of RQIA were present.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Care team staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Staff told us that treatment programmes ordinarily lasted for six weeks, but some were now shorter. The number of people using the service had been reduced to allow for appropriate social distancing. The programme participants had a Covid-19 test completed before admission and were expected to isolate between the test and arrival at Carlisle House. Before the Covid-19 pandemic, participants could come and go freely in the evenings and at weekends; participants now remained on-site except to go to necessary medical appointments. All participants understood and agreed to do so.

Visits from participant's family members were arranged on an appointment basis. Written information was sent to visitors outlining the precautions to be taken against Covid-19. The visits took place in an adjacent building and the area was sanitised before and after each visit.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included bedrooms, bathrooms, lounges and the dining area.

We saw that residents' bedrooms were clean with furniture and soft furnishings of a good standard. The home was pleasantly decorated, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The home had a current fire risk assessment and all recommendations had been actioned. Regular fire checks were completed and records maintained.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. There was therapeutic, support staff, clerical, domestic and kitchen staff on duty. All programme participants were fully independent and did not need any practical care assistance; staffing levels were adjusted according to the number of people using the service.

The manager explained how all necessary pre-employment checks were completed to ensure that staff were safe to work in the home. We reviewed records which confirmed that all staff had AccessNI enhanced disclosures completed before taking up duties. We saw that staff were given a comprehensive induction.

We saw that the manager had a system in place to provide staff with regular supervision and that staff received an annual appraisal. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together to achieve the best outcomes for the people receiving treatment. Staff told us they felt well supported in their roles. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care records

The manager described how service user confidentiality was maintained through the use of unique identifier; participants had also signed a written agreement to share information. We saw that the records were written in a professional manner and used language which was respectful of programme participants.

The treatment programme was designed around a number of domains, for example, physical health, drug or alcohol use, emotional health, community, money, accommodation, offending and family and relationships. The records charted each participant's progress and recovery across these areas.

The manager explained that the quality of the treatment plan and support provided to each participant was discussed with each member of the therapeutic team during regular professional supervision.

6.2.5 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described him as supportive, approachable and always available for guidance. Staff handover meetings were held in a separate area with time dedicated to support good communication between members of the therapeutic and support team.

The manager advised that the intense nature of the therapeutic work made it necessary to provide staff with a high level of support. This took the form of a weekly staff meeting which provided the opportunity for staff to engage in reflective work and also acted as a debrief to difficult situations or experiences. A larger monthly team meeting also took place.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. An example was: "Cook is an amazing person and food is just as amazing. Staff have helped me so much to make me a better 'vision of me'. Thank you for changing my life for the better. I'll never forget."

We reviewed the system to obtain feedback from programme participants regarding the quality of the service offered. We saw that participants consistently indicated that they were very

satisfied. A comment received was: “I just wanted to say thank you from the bottom of my heart for the work every single member of staff has done over the past four weeks. It has saved my life and you have evoked in me strength to get my children home. You should all be proud of yourselves.”

We looked at the records of the visits by the registered provider and saw that these had been carried out regularly until February 2020. Carlisle House had closed during the early stages of the Covid-19 pandemic and only reopened on a reduced basis in June 2020. No visits by the registered provider had been completed since the service reopened. It is necessary that these visits resume in order that the registered provider is assured of the quality of the services offered. This was identified as an area for improvement.

We saw that the provider had prepared an Annual Quality Report for the period April 2019 to March 2020.

Areas of good practice

Good practice was evident throughout this inspection in regard to the infection prevention and control measures in place to protect service users and staff.

Areas for improvement

One area for improvement was identified. This related to resumption of the visits of the registered provider.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

We found that the home was warm, clean and comfortable. Staff were well trained and skilful in delivering a therapeutic programme to aid recovery and promote health and wellbeing. The feedback from users of the service was positive.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with David Cuthbert, 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 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 Stated: First time To be completed by: 31 December 2020	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • Visits by the registered provider are recommenced. • Reports of such visits are prepared and made available in the home. <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Visits had been stopped during COVID crisis and when Unit was closed. Now operational and the latest was completed today - 31st December 2020. Copies of all Visits will be available in Unit.</p>

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



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