



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Carlisle House, 1587
Date of Inspection: 14 October 2014
Inspector's Name: Lorna Conn
Inspection No: 17803

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Carlisle House
Address:	2-4 Henry Place Clifton Street Belfast BT15 2BB
Telephone number:	028 90328308
Email 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:	10
Scale of charges (per week):	£642
Date and type of previous inspection:	28 May 2014, Secondary unannounced inspection
Date and time of inspection:	14 October 2014 10:00 am - 2:30 pm
Name of Inspector:	Lorna Conn

2.0 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 primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	4
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	20	8

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

The registered provider and the inspector have 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

7.0 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, therapeutic activities, 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.

The home is registered to provide care for a maximum of 16 persons under the following categories of care: RC-A (Past or present alcohol dependence) and RC-D (Past or present drug dependence).

8.0 Summary of Inspection

This primary announced care inspection of Carlisle House was undertaken by Lorna Conn on 14 October 2014 between the hours of 10:00am and 2:30pm. Mr David Cuthbert was available during the inspection and for verbal feedback at the conclusion of the inspection

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all of these were now met which was good to note. The detail of the actions taken by the registered provider and manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the management of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents appeared appropriate and based on an understanding of individual resident's behaviours and means of communication.

No requirements and no recommendations were made as a result of the primary announced inspection.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Carlisle House was compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure regarding the treatment programme which is shared with prospective residents and the treatment programme is an established component of admission to the home. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the therapeutic evidence base as well as the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities on a weekly basis. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Carlisle House is compliant with this standard.

Resident and staff consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. A new floor and improved lighting had been installed in the foyer and this was good to note.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 28 May 2014

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>Records reviewed indicated that this matter had been addressed and a member of the Board of Social Witness had conducted a monthly unannounced visit on 30 September 2014 and records were available. This practice should continue.</p>	Compliant
2.	27 (2) (d)	<p>The registered person shall ensure that all parts of the home are reasonably decorated namely the dining room and foyer.</p> <p>(standard 27.1)</p>	<p>The inspector's observations during the inspection of the environment confirmed that this had occurred.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	The record reviewed indicated that a monthly unannounced visit had occurred on 30 September 2014 and this record included fuller details of relative and staff involvement. This practice should continue.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Carlisle House is a Treatment Centre providing a 4-6 week therapeutic treatment programme to those with substance use difficulties. Each resident is referred by a Community Addiction Team Practitioner, having been previously referred to them by their General Practitioner. A full addiction assessment and updated risk screening tool assessment accompany's each referral, thus providing up to date information including usual conduct, behaviours and communication peculiar to each resident. The Licence to Occupy document is available in picture format for those with reading difficulties. The Handbook of Carlisle House is available on CD for those with a sight impairment or have a difficulty reading. On admission each resident is allocated a link worker who based on assessment information will inform all staff and adjustments made where required. A range of treatment interventions are offered to allow for different means of communication i.e. art therapy, music therapy, eco therapy, group and individual therapy, family therapy and complementary therapies. A health screening tool is used to ensure complementary and eco therapies are tailored to each residents need. A Resident Forum is held weekly to ensure feedback is received from residents and the programme adjusted accordingly.	Compliant

Inspection Findings:	
<p>The home had a managing challenging behaviour policy dated 18 March 2014 in place which was complemented by the safeguarding vulnerable adults’ policy dated 3 March 2014 and notifications of incidents policy dated 18 December 2013. A review of the policies identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies included the need for Trust involvement in managing behaviours which challenge and detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled managing Challenging Behaviour on 2 May 2014 which included a human rights approach.</p> <p>A review of three residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had received training in this area.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Each morning and evening there is a handover to staff coming on duty. This provides an opportunity to discuss concerns. The Manager or Programme Co-ordinator (or both) always attend these meetings. Should a concern be identified a plan of action is agreed. This will include the Referral Agent, the GP and Next of Kin, and may include Mental Health teams, Social Services and Probation where appropriate. Each week there is a Therapeutic Team Meeting where more comprehensive discussions are facilitated concerning residents and responses to need. Carlisle House employs a Relational Approach to therapeutic Intervention. One of its central beliefs is privileging the residents expertise and collaborating with that expertise, thus the resident is always at the centre of any discussion and action plan.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The policies referred to above included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified characteristic/ uncharacteristic behaviour.</p>	<p>Compliant</p>

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment Each resident is allocated a Link Worker on admission. The Treatment Plan is based on the Outcome Star a proven researched based tool to enable people to manage and recover from their substance use difficulties. This tool allows for each resident to take control and identify the areas of work that they to do to meet the needs they have idnetified. It is based on a scaling system taken from Solution Focused Therapy, thus continually changing from feedback and reflection. When it is clear that a consistent approach is required this is discussed at hanover, team meetings and noted in the treatment plan, and if required in the daily kardex for night staff to ensure a consistent approach. The referral agent and next of kin will be included in any decision made along with the resident.	Compliant
Inspection Findings: A review of three care plans (referred to as treatment plans) identified that where a resident needed a consistent approach or response from staff, this was detailed. Care plans (referred to as treatment plans) reviewed, were signed by the resident and the staff member drawing it up.	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Carlisle House is a Treatment Centre for people who want to receive therapeutic treatment to change their behaviour in relation to alcohol and drugs. Therefore everyone has to have agreed and signed a consent form to engage in this programme prior to admission. Residents are referred by professionally trained Community Addiction Practitioners. All Carlisle House staff, appropriate to their grade, have received training in facilitating the programme. The therapeutic team are trained social workers and community workers with further training in therapeutic interventions. A range of addiction trainings have been undertaken by all staff.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
As stated in 10.4.	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Behaviours which challenge on 2 May 2014 as well as • Training in regard to the home's categories of care. <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings.</p>	

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Should any any incident outside of the Treatment Plan occur e.g. the use of alcohol or substances this is discussed by the staff team on duty, and if necessary the person on call at evenings and weekends, and appropriate action to ensure safety of other residents and the individual concerned. The next of kin, referral agent and other appropriate professionals are notified and involved in the decision making process. This is recorded and a follow up multidisciplinary meeting held if appropriate.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the accident and incident records from 23 April 2014 to the date of inspection and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan. A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this was followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Carlisle House does not employ any restraining methods. Should it be necessary due to violence as a result of alcohol or substance use we may call the PSNI.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>A review of records and discussions with residents and staff identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Carlisle House offers a residential therapeutic treatment programme. This includes a structured environment within which a range of talking, eco, art, music, and complementary therapies take place. The Community Addiction Practitioners assess clients against the appropriateness of referral to the programme. Care is taken to ensure a right 'fit' by providing a fortnightly Open Morning where potential clients can find out more about the Programme and have a tour of the building. A FAQ leaflet is also available. The percentage of planned discharges is 76.5% compared to around 48% - 52% national average.	Compliant
Inspection Findings:	
<p>The home had a policy dated March 2013 on the provision of treatment activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on a therapeutic evidence base as well as the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The aim of the Programme to facilitate Service Users in making different choices, finding solutions, and taking responsibility as they move away from a lifestyle controlled by substances. Healthy eating, exercise, and social inclusion are seen as priorities. Link workers provide Service Users with relevant information of activities, courses and voluntary work in their own area. Service Users are free to go home at weekends to maintain links with family and their local community events. Should there be religious events during the week these can be facilitated.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Examination of the programme of activities identified that activities and therapy groups are organised throughout the day across five days of the week. Residents can organise their own activities outside of the home at weekends and in the evenings.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>There is a Resident Forum held each Monday morning. This is where Service Users have the opportunity to make suggestions and influence the activities on the programme. There are no Service Users who are bound to their rooms due to the nature of the group therapy treatment programme. All Residents do have an opportunity to engage in Art, Relaxation, Games Room and Computer Room. These are open each afternoon and evening. Evaluation of all activities is ongoing via use of evaluation forms, monthly visits, and Service User Group feedback.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities through e.g. Forum meetings minutes.</p> <p>Residents were also invited to express their views on activities by means of satisfaction questionnaires issued on discharge from the home, resident meetings, one to one discussions with staff and treatment plan review meetings.</p>	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>This is discussed each Monday morning and displayed on a large white board on the corridor between the Resident Lounge and the Group Rooms. An Open Morning is facilitated twice monthly which incorporates informing potential residents of the activities schedule. This is done via PowerPoint presentation. Each Friday this is an induction group for those admitted to Carlisle House that week. This group covers all activities available to residents. Again each new resident is allocated a Link Worker who will talk through the programme and activities available within one week of admission. A handbook is provided to each resident and is available on CD.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the main corridor. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The resident handbook is available on CD. Videos are used in Group Therapy as aids. The Licence to Occupy is available in picture format. Equipment for Eco Therapy such as water boots, waterproof coats etc.. are available. Mats and blankets are available for complementary therapy classes. Cameras are available for story making. Should someone have mobility problems Group Therapy rooms can be changed to accommodate them i.e. ground floor. Health Check forms are completed to assist residents engaging in Eco Therapy and Complementary Therapies.	Compliant
Inspection Findings:	
Activities and therapeutic opportunities are provided as an integral part of the treatment programme every day by designated care staff; professional staff and outside people. The registered manager; care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included art and paintings materials; a reading room with a fish tank; film making equipment; complementary therapy materials; eco- therapy outdoor gear; gym equipment; games room and computer suite.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The entire programme is designed to take into account different needs and abilities e.g. talking therapies in the morning complimented by creative / interactive therpaies in the afternoon. Breaks are negoitated with residents for each group. The philosophy underpinning the programme is systemic or relational, and thus priviledges the client's expertise and the importance for therapists to hold a neutral position and collaborate with the client.	Compliant
Inspection Findings:	
The care staff; the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment Therapists contracted in to provide an activity are required to demonstrate proof of insurance, qualifications, and registration if appropriate. Carlisle House staff are required to co-facilitate such groups to ensure adherence safeguarding vulnerable adults policy. The Carlisle House member of staff also takes feedback from each of these groups.	Compliant
Inspection Findings: The registered manager confirmed that where therapists are contracted in, he had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity. The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>A Health Check assessment is completed on admission and this information is passed on to the contracted therapist. Any relevant change from Risk Assessments will be included on this form prior to activity taking place. There a Staff Member allocated to each of these groups who meets with the contracted facilitator both prior to group commencing and at the end of each group. Any relevant information is then feedback to the whole team at the afternoon handover.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Group Records are kept of each activity stating who facilitated that activity, which residents attended, the main themes, key words used, the group process, interaction, reflections and the impact on facilitator, risks and other information. Residents are asked to complete a short solution focused evaluation form at the end of each activity.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The above mentioned evaluation forms are collated regularly and provide feedback. The Service User group provides feedback and review to the programme. The resident forum (weekly) provides feedback consistently to the programme. The Therapeutic team meet monthly to discuss the programme and effect changes as the need arises.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it is reviewed on a weekly basis.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Records reviewed also indicated this to have been the case.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with seven residents individually and with others in groups. All residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'It's an amazing place- a Godsend'.

'The staff are very helpful and encouraging. Our plans are reviewed as often as we need'.

'We are involved in putting what we want to work on into the plan'.

'There should be more places like this. I am enjoying the whole programme'.

'The staff are lovely. I enjoyed the drumming and I use the gym. I found the acupuncture very relaxing'.

11.2 Relatives/representative consultation

No relatives were present during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with four staff of different grades and eight staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'Feedback is taken from every group and at the weekly residents forum; residents can put forward ideas for activities and outings'.

'Our risk assessments are now much more detailed and are updated within 24-48 hours of admission. Residents can go out to their own individual activities in the evening and at weekends and our peer support meetings are very useful as an opportunity to reflect'.

11.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Residents reported that Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that three complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by care staff and alone and inspected a number of communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. A new floor and improved lighting had been installed in the foyer and this was good to note.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 19 March 2014. Discussions with staff identified that the recommendations made as a result of this assessment were in the process of being actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff in June 2014 and 10 October 2014. The records also identified that an evacuation had been undertaken on 22 May 2014 and that different fire alarms were tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr David Cuthbert who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 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.

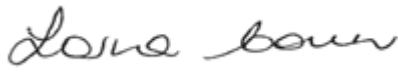
The timescales for completion commence from the date of inspection.

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

Date 11 November 2014



The Regulation and
Quality Improvement
Authority

No requirements or recommendations resulted from the **primary announced** inspection of **Carlisle House** which was undertaken on **14 October 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: 

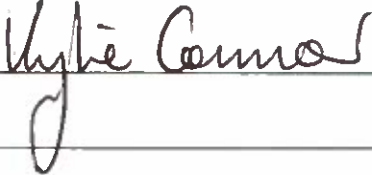
NAME: LINDSAY CONWAY
Registered Provider

DATE 15 DECEMBER 2014

SIGNED: 

NAME: DAVID CURDSON
Registered Manager

DATE 14.12.14

Approved by: <u></u>	Date <u>22/12/14</u>

