

Inspection Report

17 November 2022



Carlisle House

Type of Service: Residential Care Home
Address: 2-4 Henry Place, Clifton Street, Belfast, BT15 2BB
Tel no: 028 9032 8308

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Presbyterian Council of Social Witness Applicant Registered Person Mr Dermot Parsons	Registered Manager: Mr David Cuthbert Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Julia Neal	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 care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates: 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 3 buildings, a main entrance building, also used for group therapy sessions and meetings, a second building with a stand-alone room for one to one sessions, and a housing building with bedrooms, kitchen and lounges etc.	

2.0 Inspection summary

An unannounced inspection took place on 17 November 2022 from 9am to 2pm by a care inspector.

The inspection sought to ensure that care was safe, effective, compassionate and that the service was well led as well as assessing progress of all areas of improvement identified at last inspection.

Areas for improvement identified at the last inspection were found to be met.

No new areas for improvement were identified.

We found that the home was delivering safe, effective, compassionate care and that the service was well led by the management team.

One resident said their stay in the home had been “positive and reaffirming”.

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.

So far none of these questionnaires have been returned.

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 the person in charge, Ms Julia Neal at the conclusion of the inspection.

4.0 What people told us about the service

Three residents and three staff were spoken to on the day.

The residents told us that "the staff are great, couldn't fault them", that the home is "better than the previous centre." One resident felt there was an inconsistency between staff regarding going out to the shop. This comment was shared with the person in charge for further discussion. She accepted that there can sometimes be a difference between staff in relation to letting clients go to the shop outside the allotted time, but she would ensure there is more consistency in this area.

Staff said that they "love working here."

A record of compliments received about the home was kept and shared with the staff team, this is good practice. This file was filled with thank you cards with lots of positive messages such as the home "changed my life". There were also a lot of thank you cards in the staff common room.

5.0 The inspection

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

Areas for improvement from the last inspection on 24 January 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (4) (a) Stated: First time	The person carrying out the monthly monitoring visit to the home shall interview, with their consent and in private, such of the residents and their representatives and persons working at the home, as appears necessary in order to form an opinion of the standard of provided in the home.	Met
	Action taken as confirmed during the inspection: There is evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 28.3 Stated: First time	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff's adherence to best practice regarding Accident Prevention and Control of Substances Hazardous to Health (COSHH).	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Extra training appropriate for the resident group was offered and undertaken. Training provided by external organisations was also encouraged. For example, there is a course at Queens University Belfast that staff are encouraged to undertake.

Staff said that they felt well supported in their role and were satisfied with 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.

The person in charge advised of the planned staffing and confirmed that this was adjusted in response to the number of residents accommodated, their assessed needs and the stage of the programme residents were at. .

The person in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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 residents were independent and went to the gym and had an allotted time slot to go to the shop.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said “staff are good, they all have different strengths” and “staff check on you very often”.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. One resident was very anxious and the staff member listened and calmed them down showing compassion and empathy; the staff members approach was commended.

Residents have individual plans 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 and their full consent agreed. On a day to day basis residents can make their own choices and decisions regarding menu choices and how they spend their time in the evenings.

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.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner.

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 available and that the chef accommodated resident choice.

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.

A number of care records contained detailed information with regard 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 recovery. Not all care records contained this information. This was discussed with person in charge who was aware of this inconsistency and provided assurances that improvements would be made to address the issue. This will be reviewed at a future inspection.

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.

Residents' bedrooms were clean, tidy, free from clutter and comfortable. Staff explained that 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 coronavirus information. Residents were satisfied that their bedrooms were regularly cleaned.

Artwork undertaken by residents was displayed throughout the home. The décor of the home and the provision of snacks in the residents kitchen provided a homely environment.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Fire exits were clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However hand hygiene audits had not been completed since September. Spoke with person in charge, who informed me that the staff member who normally completes these was unavailable. It was agreed that this task would be allocated to another staff member.

Visiting arrangements were appropriate for the client group and treatment plans. Staff confirmed that the visiting arrangements were agreed with residents on admission as part of the treatment programme.

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. However one resident was unhappy with the evening routine and the lack of availability of television after 11:30pm. This was discussed with the staff who agreed to share the comments with the manager for further discussion with the resident.

Residents were observed to be using the gym and taking part in therapy sessions. During afternoon creative sessions they can take part in music, film making, art, drumming, relaxation or walking.

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/forums every Monday where residents have their say on daily life including input on menus.

Residents were observed to be interacting with each other, going to lunch together and going to the gym together.

Residents said “they get on well” and that there are a “good array of activities”.

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 2005.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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. The person in charge Ms Julia Neal 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 they would “raise any issues with staff”. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager/the management team and described them as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care