



Unannounced Inspection Report 22 January 2020



Carlisle House

Type of Service: Residential Care Home
Address: 2-4 Henry Place, Clifton Street, Belfast
Tel No: 028 9032 8308
Inspector: Catherine Glover

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 Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which provides care for up to 16 residents.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual(s): Mr Lindsay Conway	Registered Manager: Mr David Cuthbert
Person in charge at the time of inspection: Mr James Small, Senior Practitioner	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) D – Past or present drug dependence A – Past or present alcohol dependence	Number of registered places: 16

4.0 Inspection summary

An unannounced inspection took place on 22 January 2020 from 10.20 to 13.30 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the management of medicines, the dining experience and governance arrangements.

No new areas for improvement were identified however two areas for improvement have been stated for a second time in relation to the fire risk assessment and ensuring that RQIA's address/telephone and e-mail address is added to the complaints procedure within the resident handbook and leaflet on complaints.

Residents described their experience of the centre in positive terms. They were complimentary of the staff and food.

Comments received from residents and staff during the inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2*

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mr James Small, Senior Practitioner, 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 August 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- Where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- Talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- Observe practice and daily life.
- Review documents to confirm that appropriate records are kept.

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- records of medicines received and transferred
- admission and referral records
- the management of medicines on admission, medication changes and antibiotics
- medicines audits
- four residents' records of care

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 the most recent care inspection

Areas for improvement from the most recent inspection dated 22 August 2019		
Action required to ensure compliance with the Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a policy on Infection Prevention and Control is developed, available, and made known to staff.</p> <p>A copy of the policy to be retained within the policy file.</p> <p>Action taken as confirmed during the inspection: An Infection Prevention and Control policy had been developed and was retained within the policy file. Staff were aware of this policy.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that action taken to address the fire risk assessment improvements/recommendations is recorded, dated and signed.</p> <p>Action taken as confirmed during the inspection: There was no evidence that there had been action taken to address the fire risk assessment improvements/recommendations.</p> <p>This area for improvement has been stated for a second time.</p>	Not met
<p>Area for improvement 3</p> <p>Ref: Standard 17.4</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The RQIA contact information had not been added to the complaints procedure within the resident handbook and leaflet on complaints</p> <p>This area for improvement has been stated for a second time.</p>	Not met

Area for improvement 4 Ref: Standard 20.11 Stated: First time	The registered person shall contact head office regarding the monthly monitoring visit report for July 2019 and obtain a copy for retention within the home.	Met
	Action taken as confirmed during the inspection: All of the monthly monitoring reports from July 2019 onwards had been completed and were held on file.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On arrival at the home we were welcomed by the senior practitioner, Mr James Small, who was in charge as the registered manager was not in the home. The senior practitioner remained in charge throughout the inspection. Residents were attending their daily morning group therapy session led by social work staff from the therapeutic team.

The home was observed to be clean, tidy, organised and fresh smelling throughout. Bedrooms were appropriately furnished and decorated. Refurbishments were ongoing with carpets being replaced on the first floor corridor and stairs. Some areas had been recently repainted. Lounges, the dining room and kitchen were clean, tidy and organised.

We reviewed a sample of medicine records. The personal medication records had been fully completed and indicated which medicines were self-administered by residents. The records had been compiled using the information received from the resident's general practitioner or hospital discharge letter and had been verified by two staff members.

Medicine receipt records and administration records had been fully and accurately completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment and medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

The audits completed during the inspection indicated that residents were receiving their medicines as prescribed.

There was evidence during the inspection of multidisciplinary working and frequent contact with other professionals outside the home involved in the residents' care.

Meals are cooked on site and served in the dining room at set times to the resident group and staff. The cook advised that residents plan the menu every Monday and she tries to accommodate all tastes. She meets with new residents to chat about what food they enjoy and what they dislike. One staff member commented that residents often tried food that they had never had before during their stay and usually enjoyed it. All of the residents that we spoke to said that the food was excellent.

The dining room was nicely furnished and decorated. Dining room tables were observed to be respectfully set with a range of condiments and napkins provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the dining experience and administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We spoke to five residents during the inspection and all spoke positively of their experience.

Comments included:

- "I feel so welcome and at home."
- "Everything has been good so far."
- "Food is 100%. We had chicken tikka wraps yesterday and they were great."

- “The food is really good.”
- “No issues at all with staff.”
- “It makes sense and is well structured. The smaller groups are better.”
- “Any issues get rectified straight away.”
- “Staff do their best to accommodate everyone.”
- “Staff work with me regarding the time of my medicines.”

We observed warm and respectful relationships between staff and residents.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report (two weeks).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and taking account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There were arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. We viewed a ranged of audits that were completed by the manager and staff in the home and good outcomes were observed.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The senior practitioner advised that the registered manager had had completed training and that further training would be planned for the rest of the staff group.

We met with three staff members in total. They advised that they felt that the home ran well and that they were aware of how to report any concerns. They said that there was a stable staff group and the staff we spoke to had worked there for many years. They said that there were good working relationships within the home.

Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting residents’ needs and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr James Small, Senior Practitioner, 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 care 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 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 via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 28.5 Stated: Second time To be completed by: 22 February 2020	The registered person shall ensure that action taken to address the fire risk assessment improvements/recommendations is recorded, dated and signed. Ref: 6.1 Response by registered person detailing the actions taken: All actions outstanding from Fire Risk Assessment April 2019 have been completed and processes in put place to ensure maintenance of these.
Area for improvement 2 Ref: Standard 17.4 Stated: Second time To be completed by: 22 February 2020	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. Ref: 6.1 Response by registered person detailing the actions taken: The above address and telephone number have been reinstated to all appropriate documentation following the request from a previous inspection to remove them.

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care