



# Unannounced Care Inspection Report 22 August 2019



## Carlisle House

**Type of Service: Residential Care Home**  
**Address: 2-4 Henry Place, Clifton Street, Belfast BT15 2BB**  
**Tel no: 0289032 8308**  
**Inspector: Priscilla Clayton**

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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 registered residential care home which provides care for up to 16 residents in the categories of care as cited within the registration details in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Lindsay Conway	<b>Registered Manager and date registered:</b> David Cuthbert 1 April 2005
<b>Person in charge at the time of inspection:</b> James Small, senior practitioner	<b>Number of registered places:</b> Total number of 16 residents comprising: Residential Care (RC) A – Past or present alcohol dependence D – Past or present drug dependence
<b>Categories of care:</b> Residential Care (RC) D – Past or present drug dependence. A – Past or present alcohol dependence.	<b>Total number of residents in the residential care home on the day of this inspection:</b> 8

### 4.0 Inspection summary

An unannounced announced inspection took place on 22 August 2019 from 09.40 hours to 14.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 overall governance arrangements; staffing, staff training, supervision appraisal, effective modes of communication, planning, effectiveness and evaluation of the therapeutic programmes delivered to residents.

Areas requiring improvement identified for improvement included; development of a policy/procedure on infection, prevention and control, inclusion of RQIA contact details within complaints documents, recording of action taken to address recommendations for improvement within the current fire risk assessment and retention of the July 2019 monthly monitoring visit within the home.

Residents described living in the home as being a good experience/in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and staff.

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 residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with James Small, senior practitioner, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 31 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 31 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 registration information, 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 and 'Have We Missed You' cards 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.

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

- staff duty rota
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from October 2018 to 21 August 2019
- reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate
- therapeutic treatment schedules and activities
- audits

Areas for improvements identified at the last care 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 last care inspection dated 31 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.- (2)(b)(d)  <b>Stated:</b> First time	The registered person shall ensure the two identified bathrooms are refurbished.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the two bathrooms evidenced that these had been refurbished.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents 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, James Small, who was in charge as the registered manager was not in the home. The senior practitioner remained in charge throughout the inspection.

The home's Mission Statement is "to provide a safe secure space for residents, away from substance abuse and to re-connect residents' with their values, hopes and with families. To explore alternatives to substance use, increase responsibility for decision making and begin a journey of recovery through self-awareness."

Residential placements for the six weekly subsistence misuse treatment were commissioned by the Belfast and Northern Health and Social Care trust (NHSCT). Eight residents were accommodated on the day of inspection.

Close collaboration with the trust, general practitioners and other agencies is undertaken in the planning of programmes.

On arrival at the home we noted that residents had received their breakfasts within the dining room and were preparing to attend their daily morning group therapy session led by social work staff from the therapeutic team. Residents told us they thoroughly enjoyed group therapy and that these sessions were essential component of their recovery and were very effective.

The senior practitioner confirmed the staffing levels for the home and the assessed needs of residents accommodated were being met. No issues or concerns were raised or indicated about staffing during our discussions with staff and residents.

The staff duty roster evidenced the range of staff on duty which included; support workers, relief support workers, therapeutic team, clerical officer, cook and house keeper. The senior practitioner agreed to ensure that the surnames of staff were always recorded within the duty roster.

The senior practitioner explained that staff employed had been in post for a number of years and that no new staff had been employed since the previous inspection. The senior practitioner advised that records pertaining to staff selection and recruitment were securely stored by the registered manager and were not available at the time of inspection. These will be reviewed at the next inspection.

The senior practitioner advised that although the work force was stable with no turnover of staff a comprehensive induction programme was in place for any new appointments with an initial induction planned over two days and full induction over three months.

Review of governance records, including staff mandatory training, staff supervision and annual appraisal, evidenced these were being provided in accordance with good management practice. Staff spoken with explained that they had completed all mandatory training. Staff demonstrated good understanding of adult safeguarding and the procedure to follow should abuse be observed or allegation made. The senior practitioner advised that there have not been any safeguarding issues since the previous care inspection and that safeguarding training had been provided. This was evidenced within mandatory staff training records retained.

The senior practitioner advised that with the exception of key pad door opening, which residents have the code, no restrictive practice was used within the home. Residents are free to come and go as they please so long as staff are informed and are in agreement. Residents and staff advised that restrictive practice did not take place in the home.

Records of accidents incidents/events were reviewed and cross referenced with notifications submitted to the Regulation and Quality Improvement Authority (RQIA). The increase in the number of medication related issues was discussed with the senior practitioner who advised that action to address this was a work in progress following receipt of a letter received from RQIA. Staff training was scheduled to take place on 24 August 2019 with all staff required to attend. The senior practitioner advised that competency assessment of staff in regard to

medication was undertaken by the registered manager. Records in this regard were unavailable as these were retained by the registered manager. A written response on the action taken to address medication issues is to be submitted to RQIA. Notifications received from the home will continue to be monitored closely by RQIA.

A cursory view of policies and procedures was undertaken. One area identified for improvement related to the provision of an Infection Prevention and Control policy as this policy was not listed in the index or contained within the general policy file. The senior practitioner advised there had been no outbreaks of infection within the home and that staff had received training in infection, prevention and control on 07 June 2019. Records retained evidence that training is provided for all staff on a two yearly basis. An Information leaflet titled "Healthcare associated infections" is enclosed within the resident welcome pack given to each resident on admission.

Records of staff training were retained and reviewed. These evidenced that mandatory training including for example; adult safeguarding, fire safety/drill, food hygiene, medicines management, first aid, COSHH and infection prevention and control was ongoing. In addition training was also provided on complaints handling and responding to residents' behaviour. Records on the content of the training provided were retained. Staff supervision and annual appraisals were provided and recorded.

Residents who spoke with us said that they felt very safe in the home where the group therapy and support services provided were second to none. Two residents stated they wished their respite was for eight weeks instead of the current six week. This was discussed with the senior practitioner who advised that the commissioning trust had reduced the respite period some time ago with the treatment now in two groups of three weekly cycles.

The home was observed to be clean, tidy, organised and fresh smelling throughout. Bedrooms were appropriately furnished and decorated. Improvements made since the previous inspection included new carpet within the hall stairs and landing, refurbishment and redecoration of two bathrooms and staff room. This is to be commended. Lounges, dining room and kitchen were clean, tidy and organised. The kitchen was appropriately equipped with all equipment reported to be in good working order. The home received the high score of five for food hygiene from environmental health. This is to be commended.

Fire doors were closed and fire exits unobstructed. Firefighting equipment was available and placed within appropriate areas. Records evidenced that fire safety training and fire drill was provided 4 January 2019 and 03 May 2019. An outside designated smoking shelter was available to residents who smoke. No smoking is permitted within the home. Fire safety equipment was available and strategically positioned throughout the home. The senior practitioner was unable to locate the current fire risk assessment for the home. This was submitted to RQIA by the registered manager following the inspection. Action taken to address the recommendations were not recorded and signed as having been actioned. Improvement was made in this regard.

### **Areas of good practice**

There were examples of good practice found in relation to staffing, staff training, supervision, appraisal and the standard furnishing and decorating of the environment. Positive feedback on the provision of safe care was provided from staff and residents during the inspection.

## Areas for improvement

Two areas identified for improvement related to the development of an infection prevention and control policy and recording of action taken to address recommendations.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	2

### 6.4 Is care effective?

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

We could see that individualised care records were retained and securely stored within the home. The structure of care records were discussed with staff who advised that comprehensive assessments undertaken were complemented with risk assessments. Person centred care plans were developed, in consultation and agreement with the resident and progress notes were being recorded. Staff advised that there was good multi-professional collaboration in the planning and delivery of each residents care.

There was good evidence of effective staff communication within the home by way of staff group meetings, staff hand over reports, staff supervision, appraisals and the open door approach to the registered manager and the senior practitioner. In addition to regular ongoing consultations with residents there was also family therapy meetings with records retained.

Residents said that the care provided was very effective with the morning group therapy meetings followed by a period of reflection each morning. Areas designated for reflective practice included the art room and quiet/relaxation room. Residents said they could engage in physical exercise during this time if they wished within the adjacent Hopelink centre games room. Resident said they found the structured therapy programme available helped them in their recovery.

The senior practitioner explained that the group therapy programme provided by staff is organised in two cycles, each running for three weeks. The group usually consists of six to eight residents who began the programme at the same time to share their experiences. The focus is on the strengths/expertise and ability for them to discover solutions and for staff to adapt the treatment programmes in accordance to the individual needs of residents, resources and preferences.

The senior practitioner explained that residents were provided with a link worker to assist each resident to maximise their engagement with the therapeutic treatment provided and that all link worker meetings adhere to the National Occupational Standards for Social Work and the Drug and Alcohol National Occupational Standards. A maximum of six link worker meetings is offered during the programme.

Staff confirmed that staff meetings with the registered manager or senior practitioner were held each month or more frequently if required and that there was an excellent staff team work who with very good support from management. No issues or concerns were raised or indicated by staff during the inspection.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to organised therapeutic programmes, record keeping, good team working, management support, resources and effective communication between residents and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The home's philosophy of care includes the commitment to a culture to a value base of respect, acceptance and compassion. A strong emphasis is placed on creating a safe environment that will enable residents to discover their own solutions to their own problems.

It was pleasing to note that the home promoted a culture and ethos that supported the values of dignity, respect, independence, rights, equality and diversity, choice and consent of residents. This was evidenced from observation of staff interactions, feedback from residents who spoke with us and within records retained including policies and procedures.

Residents were consulted with both formally and informally by way of induction group held each week, therapy meetings, daily informal chats and resident exit satisfactory surveys. Analysis of surveys conducted evidenced very positive responses in regard to the residents' experience of their respite period within the home.

The senior practitioner advised that the home's annual Quality Report for 2018/19 was a work in progress. This will be reviewed at the next inspection to the home.

Residents told us they really appreciated the good work by staff and management on the planned interventions and programmes to assist them in their recovery. They felt confident that any issues raised or dissatisfaction expressed would be promptly addressed.

Family support meetings and family therapy are organised and held with the aim of engaging family members in sharing and understanding and exploring ways forward that work for residents and their family.

Residents are provided with "free time" during the evenings of their stay as well as reflective time each morning. Free time provides residents with freedom to reconnect with the wider community by way of attendance at various community led activities such as the gym or swimming. Creative workshops are provided each afternoon where therapeutic activity is organised, for example; art, music and eco therapy which includes for example, organised walks and visits to various places such as cave hill and Ulster Folk and transport museum.

Meals are cooked on site and served in the dining room at set times to the resident group and staff. This is seen as an integral part of the residents programme. Breakfast is served each morning between seven and eight, lunch served at 1pm, dinner five pm and supper before 10pm. Breakfast at weekends is more flexible. There was evidence of a wide range and supply of food held within the kitchen. The kitchen was observed to be exceptionally clean tidy and organised. The cook reported that all equipment within the kitchen was in good working order. Residents told us the cook was “brilliant you would get no better in a five star hotel.”

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 culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The senior practitioner in charge of the home at the time of inspection confirmed that support was always readily available from the registered manager who was contactable via mobile telephone when out of the home. Support from higher management was also provided by way of regular meetings and monthly monitoring visits to the home. At operational level support was provided from a mixed skill team of staff including; therapeutic teams of social workers, support workers, domestic and clerical staff. There has been no change in the management structure since the previous inspection.

The home’s RQIA current registration certificate was displayed confirming the maximum number of residents which can be accommodated alongside the categories of care.

The senior practitioner outlined the management arrangements and governance systems in place that support and promote the delivery of a safe, quality care service which was meeting the needs of residents accommodated.

The senior practitioner explained that working practices are systematically audited to ensure they are consistent with good practice and in accordance with policies and procedures. Examples of audits undertaken included; medications, fire safety, environmental cleanliness, care plans and accidents/ incidents. Action plans to address issues were in place. In addition,

an exit satisfaction/evaluation questionnaire is provided for each resident to complete and return. Indicators included; accommodation, food, environment, daily routine, therapy programme, treatment plan, therapy programme, and helpfulness of programmes, staffing and meeting needs of residents. Analysis of questionnaires returned evidenced very positive responses. Staff are to be commended in this regard.

Comments included;

- “Best decision I ever made”
- “Extremely helpful”
- “Great understanding staff”
- “Would recommend”
- “Food great”
- “Never thought I would benefit from this programme, how wrong I was”
- “Clean well fitted rooms”

Inspection of complaints records confirmed that arrangements were in place to effectively manage complaints from residents, relatives or other interested party. Records included details of investigation, communication with complaints, the outcome of the complaint and the complaints level of satisfaction.

A policy/procedure on complaints was in place. Complaint leaflets were available on how and to whom a complaint can be made. With the exception of RQIA the contact address and telephone numbers were included. The inclusion of the contact address of RQIA within complaints documents was identified as an area for improvement.

Monthly monitoring visit reports dated May 2019 and June 2019 were reviewed. It was noted that no report was available for July 2019. Following the inspection the registered manager advised that he would contact head office to enquire if this was undertaken and to forward a copy to the home. Improvement in regard to the retention of monthly monitoring visit reports was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and good team working relationships.

### Areas for improvement

The following areas identified for improvement included; inclusion of RQIA within the complaints policy / procedure and complaints leaflets.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2019	<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>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            An Infection and Control Policy was contained in the Health and Safety Policy File. It was reviewed 7<sup>th</sup> March 2017.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2019	<p>The registered person shall ensure that action taken to address the fire risk assessment improvements/recommendations is recorded, dated and signed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All actions under requirements were completed by CHOICE Housing by end of June 2019. This has been dated and signed.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.4  <b>Stated:</b> First time  <b>To be completed by:</b> 17.431 October 2019	<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>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            The Presbyterian Council for Social Witness have followed this request and made the necessary changes to the complaint procedure and leaflets.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 22/08/19	<p>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.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            We have put a system in place whereby the Senior Administer will contact the Chair of Carlisle House Support Committee at the end of the third week of every month if the monthly monitoring visit has not yet been completed, and arrange the for same to be completed by the end of that month.</p>

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



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