

Inspection Report

24 January 2022



Carlisle House

Type of Service: Residential Care Home (RCH)

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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 Responsible Individual: Mr Lindsay Conway	Registered Manager and date registered: Mr David Cuthbert Date registered: 1 April 2005
Person in charge at the time of inspection: Mr David Cuthbert	Number of registered places: 16
Categories of care: Residential Care (RC) D – Past or present drug dependence. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 16 residents. The home offers placements for people who are undertaking treatment for alcohol, drug or substance misuse. The placements are commissioned by the Belfast HSC Trust and the Northern HSC Trust.	

2.0 Inspection summary

An unannounced inspection took place on 24 January 2022, from 10.50am to 3.55pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Areas requiring improvement were identified regarding the secure storage of cleaning products and in relation to monthly monitoring reports.

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 and 'Tell Us' cards 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.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with five residents. Three residents described staff as friendly, easy to talk to, and always available to help with both emotional and practical issues. Two residents were unhappy with some aspects of the care in the home; this was being addressed by staff on the day.

Four staff told us they liked working in the home, describing it as fantastic; "It's a very collaborative programme" and "You genuinely see people turn their life around."

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Comments received included, "Thank you for believing in me. I feel so much stronger and determined."

We received feedback from one member of staff following the inspection, who stated they were very satisfied that the care in the home was safe and compassionate and that the service was well led. They were satisfied that the care in the home was effective, and commented, "Great staff team, lots of training available. (We are) always encouraged to bring problems to management and issues discussed as a team."

No additional feedback was received from residents or their relatives following the inspection.

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 1 December 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> • Visits by the registered provider are recommenced. • Reports of such visits are prepared and made available in the home. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. Advice was given on ensuring that the recruitment checklist template in place was fully completed by staff.

There were systems in place to ensure staff were trained and supported to do their job. The manager confirmed that training records for bank or relief staff would be reviewed, as part of the home's staffing contingency planning.

Good practice was identified regarding staff's induction and professional development. Staff completed both the internal and NISCC induction programme and two staff were being supported to completing additional qualifications relating to systemic practice, trauma and addiction.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met, in line with the home's Statement of Purpose and Mission Statement. Examination of the staff duty rota confirmed this.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff told us that there was enough staff on duty to meet the needs of the residents.

Residents told us. "Staff are excellent, polite and respectful. They don't bully you so I don't feel bombarded or overwhelmed."

5.2.2 Care Delivery and Record Keeping

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 through self-awareness."

Residents told us they felt well supported by staff and how staff were helping them with both practical and emotional issues, for instance ensuring they had suitable housing and support when they left the home. Residents were also positive about how staff advocated on their behalf to ensure they could do the things that were important to them, including visiting family and attending the gym; "I know they are trying to help" and "We are spoilt rotten."

Staff's interactions with residents were observed to be friendly, respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

Residents were responsible for making their own breakfast, and there was a choice of cereals, bread, fruit, yoghurt, juice, tea or coffee available throughout the morning. There was choice of lunch offered, the food was attractively presented and smelled appetising, and portions were generous. Residents told us staff were encouraging them to make healthier choices and that "The food is great. We plan it every week. The cook makes us whatever we want."

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed alongside residents who attend minimum weekly individual sessions with staff to set and review their individual goals and priorities. This was then used to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents care records were held confidentially.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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. The domestic store and sluice were left unlocked meaning a range of cleaning products and chemicals were left accessible to residents. Staff addressed this on the day, and an area for improvement was identified.

Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

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

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were risk assessed and managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Residents' needs were met through a range of individual and group activities, including creative therapy, complementary therapy, housing/benefits clinic, nutrition sessions and family therapy. On the day of inspection, residents attended individual review sessions and daily morning group therapy sessions led by social work staff from the therapeutic team. Creative workshops are provided each afternoon where therapeutic activity is organised, for example art and music therapy. During the inspection, residents attended a drumming session, which was popular and well received.

Residents told us that they participated in a weekly 'Residents Feedback Forum' which provided an opportunity for residents to comment on aspects of the running of the home. For example, residents would plan the week's menu, or discuss possible activities they would like to try.

Residents are also provided with 'free time' during the evenings and weekends, as well as reflective time each morning. This is facilitated through resident's access to the home's garden, the art room, quiet/relaxation room, an onsite gym and two communal lounges. Residents told us, "There's plenty to do in the week with going to groups but weekends are a bit boring so we just watch Netflix." On discussion with the manager, it was confirmed that 'free time' gives residents the opportunity to develop their own healthy lifestyle and daily living skills.

This is in line with the home's Mission Statement, which has a strong emphasis on creating a safe environment to enable residents to discover their own solutions to their own problems.

Residents expressed frustration with COVID-19 restrictions, although confirmed that these had been explained and agreed before they were admitted to the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were risk assessed and in place with positive benefits to the physical and mental wellbeing of residents. Wi-Fi was also now readily available in the home, which made video calls more accessible for residents.

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 registered manager of this home since 1 April 2005.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the manager and the management team, who were described as supportive, approachable and always available for guidance.

There were systems in place to manage complaints. Residents said that they knew who to approach if they had a complaint and the majority of residents had confidence that any complaint would be managed well.

There were systems and processes in place to manage the safeguarding and protection of vulnerable adults.

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

There was evidence that adequate systems were in place to monitor the quality of care and other services provided to residents. This included regular consultation with residents to ensure they were involved and included in decision making about the service. Residents were consulted with via induction group, therapy meetings, daily informal chats and resident exit satisfactory surveys. Review of these surveys evidenced that residents had positive experiences during their time in the home.

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 did not include feedback or evidence of attempts to gather feedback from staff or resident's relatives. An area for improvement was identified.

5.3 Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the manager.

6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with David Cuthbert, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (4) (a) Stated: First time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The person carrying out the visit on behalf of the registered person will, with their consent, secure the views of residents and staff and record these in the report. The person will also endeavour to contact relatives so their views can be reflected. Where there are difficulties in securing views, the report will show the efforts made.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 28.3 Stated: First time To be completed by: From the date of	<p>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).</p> <p>Ref: 5.2.3</p>

inspection	Response by registered person detailing the actions taken: This has been addressed with the domestic team. We have also installed clear signage on Sluice Room and Cleaning Stores highlighting the need for doors to be locked. The issue has been addressed in the senior team, and we will monitor ongoing compliance during walkarounds in the service.
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