

# Inspection Report

**Name of Service:**

**Carlisle House**

**Provider:**

**Presbyterian Council of Social Witness**

**Date of Inspection:**

**27 August 2025**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Presbyterian Council of Social Witness
<b>Responsible Individual:</b>	Mr Dermot Parsons
<b>Registered Manager:</b>	Mr David Cuthbert
<p><b>Service Profile –</b>  This home is a registered residential care home that 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 Belfast Health and Social Care Trust and the Northern Health and Social Care Trust commission the placements.</p> <p>The service uses two buildings, a main entrance building, also used for group therapy sessions, meetings and one to one sessions and a housing building with bedrooms, bathrooms, a kitchen and communal lounges. There is a garden area to the front of the building.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 August 2025, between 9.55 am and 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience.

As a result of this inspection Two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents described staff as "amazing" and "very accommodating." Residents spoken with said that they were happy staying in the home. Comments included, "Staff are wonderful, they show you that they care," and "all the staff are great, both day and night staff, they try everything to help you."

Staff said that they enjoyed working in Carlisle House, staff commented on the 'personalised service' offered in the home. Staff spoken with confirmed that the management within the home was supportive.

RQIA received one response from the online survey, the respondent indicated that they were satisfied with the staffing numbers, that the residents were treated with compassion, and that the service was well led.

No further additional feedback was received following the inspection.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. Discussion with the manager confirmed that new staff had recently been appointed and that the recruitment process had recommenced in order to fill recently vacant posts.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met residents' needs.

#### 3.3.2 Quality of Life and Care Delivery

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.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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

A review of records and discussion with residents confirmed that residents are included in the decisions concerning the running of the home. For example, one resident said, "We discussed the lunchtime meal; they took this on board and sorted it."

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Residents confirmed that a structured programme was in place. One resident said, "The group activities work well, it is not what I expected, but it is very good." There was a gym available for the residents use alongside a music room and a separate art room. One resident said, "The gym is brilliant."

The importance of engaging with residents was well understood by the manager and staff. The weekly programme of social events was displayed on the electronic noticeboard advising of future events.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this, individual plans were developed to direct staff on how to meet residents' needs.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Staff recorded regular evaluations about the delivery of care. Residents were involved in planning their own care and the details of their action plans. However, a review of resident's records evidenced that a number of risk assessments and plans had not been signed or dated by the staff member involved in developing the plans. An area for improvement was identified.

Residents care records were held confidentially.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean and tidy and residents' bedrooms were personalised with items important to them. Each bedroom contained a safe for resident's valuables and a noticeboard showing house rules and any other relevant information. However, there was evidence that some parts of the home were showing signs of wear and tear. For example, cracked ceiling tiles, mould in one of the bathrooms, stained carpets and a cracked window in another bathroom. A review of records confirmed that there was no refurbishment plan in place to address these issues, details were discussed with the manager and an area for improvement was identified.

Homely touches were noted throughout the home, for example, residents had access to books and games in the lounge areas and to fresh fruit and soft drinks in the dining area.

Review of records confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

It was observed that a call bell system has now been installed in the communal areas of the home; however, there is still no call bell system in place in residents' bedrooms to enable residents to request assistance if required. The lack of a suitable call bell system in the bedrooms was brought to the attention of the manager and an area for improvement was stated for a second time.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

### 3.3.5 Quality of Management Systems

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 April 2005.

Residents and staff commented positively about the manager and described him as very supportive and always available to support them.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* the total number of areas for improvement includes one standard that has been stated for a second time.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard E8  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 January 2026	<p>The registered person shall ensure that an effective system is implemented to alert staff when assistance is required.</p> <p>Whilst awaiting the installation of an appropriate system a protocol must be implemented to ensure that staff can be alerted when assistance is required.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            A temporary alert system has been put in place with a call system placed strategically around all communal areas and corridors. This system will alert the Person in Charge immediately when used. PCI IT department are currently exploring a cost effective way of placing an alert system in each bedroom within the service. A system will be agreed and an implementation schedule in place by 31/12/25.</p>
<b>Ew2v Area for improvement 2</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 225	<p>The registered person shall ensure that all records are kept up to date, and are signed and dated by the person completing the entry.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b>            This has been addressed and checks are now carried out to ensure all admission forms and risk assessments are signed on completion of form.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2025	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed and a time bound action plan is submitted to RQIA on return of the QIP.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The issues raised have been addressed. The ceiling tiles have been replaced, the carpet identified has been replaced with pvc wooden floor, and the cracked windows have been measured to be replaced i.e. the whole window by 31st October 2025</p>

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



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