



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:**

**Carlisle House**

**Provider:**

**Presbyterian Council of Social Witness**

**Date of Inspection:**

**14 October 2024**

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
<b>Service Profile</b>	
<p>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 Health and Social Care Trust and the Northern Health and Social Care Trust.</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 14 October 2024, from 10.00 am to 3.00 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 13 July 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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 evident 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. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider and one area for improvement relating to fire safety has been stated for a second time. 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 resident's, 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.

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 "outstanding." Residents spoken with said that they only had positive things to say about the home. Comments included, "they are all very supportive here, I feel supported by staff" and "excellent, I have no complaints."

There was evidence that there was a range of structured activities offered to the residents. Residents were observed to be engaging in meaningful activities and interacting with one another and with staff in a relaxed way. One resident said, "I like the structure here, it has really helped me."

Residents told us that they were encouraged to participate in the weekly residents' forum which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Staff said that they enjoyed working in Carlisle House, staff said; "we have a good team here, we all work well together." Comments shared by staff regarding staffing levels are discussed in section 3.3.1.

Seven questionnaires were received from residents' following the inspection; all respondents confirmed that they were happy with the care provided in the home, comments included, "a

friendly safe environment,” “staff are brilliant,” and referred to the service as going “above and beyond.”

No additional feedback was received from relatives or staff 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 systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role, one staff member said, “the senior team are very supportive.”

Examination of the staff duty rota and discussions with staff and the manager confirmed that the planned number of care staff on duty had been reduced due to staff sick leave and vacant posts. Staff spoken with raised concerns regarding the staffing levels in the home. The manager confirmed they were aware of these concerns, and give assurances that the reduced staffing had not impacted on resident care. The manager confirmed that staff recruitment was ongoing. An area for improvement was identified.

#### **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. Throughout the day staff confirmed that they attended safety briefings to ensure good communication across the team about changes in residents’ needs.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. For example, staff were observed spending time with residents, chatting to them in a respectful manner and supporting them in the daily planned activities.

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.

A review of records and discussion with residents confirmed that residents are included in the decisions with regards to the running of the home. For example, the planning of activities and the provision of meals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents’ nutrition and mealtime experience.

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. Residents said that there was a “good balance of talking therapy sessions and a wide variety of creative sessions.” There was a gym available for the residents use alongside a music room and a separate art room.

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.

Residents care records were held confidentially.

### 3.3.4 Quality and Management of Residents’ Environment

The home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Each bedroom contained a safe for resident’s valuables and a noticeboard showing house rules and any other relevant information.

The facilities in the bedrooms were kept to a minimum, staff advised that this was to encourage residents to socialise in the communal areas.

The fire risk assessment was completed on 7 March 2024, there was evidence that some of the actions identified by the fire risk assessor as part of the action plan were not completed within the identified timeframes. There was also evidence of a fire door propped open. An area for improvement was identified for a second time.

Review of records confirmed that 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.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

It was observed that there was no call bell system in place for residents and staff to request assistance if and when required. The lack of a suitable call bell system in the bedrooms was brought to the attention of the manager for information and appropriate action.

Following the inspection, written evidence was provided by the manager to evidence that a suitable system had been sourced and ordered. An area for improvement was identified.

### 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 (December 2022) (Version 1:2)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From date of inspection 13 July 2023</p>	<p>The registered person shall ensure that all actions from the most recent fire risk assessment are completed in a timely manner and that the practice of propping fire doors open ceases immediately.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Propping of the fire door has ceased and the Staff Common Room door has been repaired. Practice is monitored by the Director of Services and during monthly Regulation 29 visits. CHOICE Housing still investigating the expanding foam used for firestopping purposes to seal openings in ceilings. It should be noted that the damage occurred in the course of works to improve water safety arrangements in the building. On December 6th, CHOICE Property Services Manager confirmed by email the firestopping works is now due at Carlisle House by their maintenance team.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2024</p>	<p>The registered person shall ensure that the number and ratio of staff on duty at all times meet the needs of the residents and that a review of staffing is undertaken to promote a safe and healthy working environment.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> A comprehensive review of staffing needs is currently taking place, including review of recruitment processes and skill mix. In meantime we have employed a bank Mental Health nurse three mornings per week and additional morning and afternoon shifts are being covered by our support workers to assist with lower level tasks. Currently between 18-24 hrs are covered each week. While this is an interim arrangement, combined with currently reduced resident numbers, we are satisfied that it provides adequate cover to meet resident needs pending a longer term solution.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard E8</p> <p><b>Stated:</b> First time</p>	<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>

<b>To be completed by:</b> 31 March 2025	Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The IT department is currently looking at sourcing a technical solution to this issue. By nature of the programme, all residents have capacity and are made aware on admission of how to contact staff during the night should need arise. In each instance the Manager is satisfied that the resident is able to call for assistance if required. It should be noted that the needs of Carlisle House residents differ from a standard Residential Care Home. Where individual risk assessments indicate particular needs, residents may be issued with individual phones to contact staff members, or in some instances agreed check visits to residents with particular needs may occur during the night.

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews