

Inspection Report

Name of Service: Carlisle Court Residential Home

Provider: Kathryn Homes Ltd

Date of Inspection: 30 June 2025 & 1 July 2025

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

1.0 Service information

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| Organisation/Registered Provider: | Kathryn Homes Ltd |
| Responsible Individual: | Mrs Tracey Anderson |
| Registered Manager: | Ms Diana Pahome |
| <p>Service Profile – This home is a registered residential care home which provides health and social care for up to sixty residents living with dementia. The home is separated into two units which are based across two floors.</p> <p>There are a range of communal areas throughout the home and residents have access to an enclosed outdoor space.</p> <p>There is a separate registered nursing home which occupies the same building.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 30 June 2025 between 9.50 am and 4.40 pm and on 1 July 2025 between 9.30 am and 2.15 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 3 March 2025; 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 unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their

interactions with staff. Other comments made by residents are discussed further in the main body of the report.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement was not met and will be stated again for a second time. One other area for improvement has been carried forward for review at a future 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 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. 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 spoken with who were able to make their wishes known generally provided positive feedback about their experiences residing in the home. Some of the comments shared by residents included: "I love it in here, the whole atmosphere is very comfortable" and "the staff are first class." Those residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

A number of residents provided negative feedback about a lack of activities and stimulation in the home, reporting that the activities on display were not always on offer. A new activity co-ordinator has now started working in the home. Assurances were provided regarding the plans in place for activities and there was evidence of these being implemented during the inspection.

Visitors and relatives spoken with provided positive feedback about the care provided in the home. Some of the comments shared included, "there is always staff around" and "we're very

pleased, our relative seems well cared for.” Other comments were shared with the manager for review and action as appropriate.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. There was evidence of a birthday celebration taking place in one of the lounges, this was a relaxed and joyous occasion for the residents who wished to engage with this. Residents were observed smiling and interacting with one another and the staff during this time.

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. The person in charge in the absence of the manager was not always clearly evidenced on the duty rota, a discussion took place with the manager and assurances were provided that this will be addressed going forward.

Staff shared their views on their induction to the home these comments were shared with the manager for their review and action.

There was evidence of a system in place to monitor staff's supervision and appraisals. There was not always evidence of staff receiving supervision at least once every six months. Assurances were provided by the manager that these would be completed following the inspection and that supervision dates would be completed within the required timeframes.

Residents who were able to make their wishes known said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels from a care perspective. Other comments were shared regarding domestic staffing levels. This is discussed further in section 3.3.4.

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

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 pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. 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, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

There was evidence in some parts of the home that the music playing was not always suitable for the registered categories of care and needs of the residents to promote a dementia friendly environment. This was addressed at the time of inspection.

Comments were shared by a resident regarding access to podiatry services. Assurances were provided by the manager that a system was in place to manage this.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Whilst there were negative comments shared by the residents regarding activities in the home, with the recruitment of the activity co-ordinator into the home, there was evidence of organised activities taking place across the home at the time of inspection and evidence of plans being put into place for future activities.

The weekly programme of social events was displayed on the noticeboard advising of future events.

There was evidence of a pyjama party which had been organised for residents, relatives and staff to participate in. Residents provided positive feedback about this.

3.3.3 Management of Care Records

Following initial assessments care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. There was evidence of personalisation in resident's bedrooms. Walkways were kept clear and free from obstruction.

There was evidence of enhanced cleaning required to some aspects of the environment. For example; the kitchenette cupboards in Viceroy unit. There was evidence of malodours identified in a sample of rooms across the home. The manager shared a robust plan in place for the rooms identified, to ensure these malodours were addressed.

Some comments were shared by staff regarding the need for increased staffing levels in the domestic department to ensure all tasks could be completed to a good standard. A discussion took place with the manager and assurances were provided in writing following the inspection that domestic staffing levels had been reviewed. An area for improvement was identified.

There was evidence of resident's toiletries stored in their individual bathroom cabinets across the home. A discussion took place with the manager to ensure this is risk assessed and kept under ongoing review. Assurances were provided by the manager that a risk assessment was in place and would be kept under review.

There was evidence of further improvements required with regards to the control of substances hazardous to health (COSHH) for example; a cleaning trolley was observed accessible in a communal area and cleaning products were observed accessible in the visitor's room. This was addressed by staff immediately and assurances were provided by the manager that action had been taken to address this. An area for improvement has been 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 was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

Review of records and observations confirmed 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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Diana Pahome has been the manager in this home since 5 August 2024.

Residents, relatives and staff commented positively about the management team, including; the senior staff working in the home and the manager. Comments shared described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of compliments was maintained by the manager and shared with the staff team, this is good practice. The compliments were received in the form of e-mails, letters and cards. Some of the comments recorded by relatives included, "I absolutely love this place, this is the second time my mum has stayed here, I will definitely bring my mum back."

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 |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1* | 2* |

* the total number of areas for improvement includes one regulation that has been stated for a second time and one standard which has been carried forward for review at a future inspection.

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: 10 March 2025 | <p>The Registered Person shall ensure as far as reasonably practicable that all parts of the home which residents have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: .Staff meeting held to discuss inspection findings. Walkarounds completed daily by Home Manager and any issues addressed immediately. Continued issues will be addressed via HR processes</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) | |
| Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: Immediately and ongoing (22 October 2024) | <p>The Registered Person shall review the management of warfarin to ensure that a running balance is maintained of each strength of this medicine and that the date of opening is recorded so that it can be easily audited.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |
| Area for improvement 2 Ref: Standard 25.4 Stated: First time To be completed by: 8 July 2025 | <p>The Registered Person shall review the domestic staffing levels and the deployment of domestic staff across the home to ensure that cleaning duties across the home are successfully met.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The domestic staff have now been deployed effectively to ensure adequate provision throughout the hom 7 days a week</p> |

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