



Inspection Report

Name of Service: Carlisle Court Residential Home

Provider: Kathryn Homes LTD

Date of Inspection: 18 September 2024

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:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Diana Pahome – not registered
<p>Service Profile – This is a Residential Care Home which will provide health and social care for up to 60 residents. The home is divided into two units across two floors. The ground floor unit, Viceroy will provide care for up to 30 residents living with dementia and the first floor unit; Cathedral will provide general residential care for up to 30 residents.</p> <p>There is a Nursing Home which occupies the same building.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 September 2024, from 9.50 am to 5.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards since it was first registered on 4 June 2024.; 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. Refer to Section 3.2 for more details.

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 who were spoken with and able to make their wishes known, told us that they enjoyed residing in the home. Comments shared included, "the care is excellent, staff are there before you need them." Those residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings and in their interactions with staff.

Families provided positive feedback about their experiences of the care delivered in the home. Comments shared included, "this home has given us confidence in care homes." Another relative spoken with said, "we are delighted with the care mum has been receiving, the staff are all excellent." Relatives told us their loved ones were provided with choice throughout the day and that the staff were working on the delivery of activities in the home to improve these. This is discussed further in section 3.3.2.

It was evident through practice in the home and discussion with staff that residents were provided with choice how they spent their day, for example; they could have a lie in or go out to attend clubs and shopping in the community with support from their relatives.

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. One recruitment file did not evidence a reference from the staff member's most recent employer and reasons for leaving previous employment. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role and that they were generally satisfied with the staffing levels. Other comments were shared with the manager for review and action as necessary.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents who required an increased level of support and encouragement to engage with personal care were provided with this support at the time of the day that promoted their engagement with this.

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, 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. For example; a staff member was observed orientating a resident in a respectful and dignified manner which appeared to reassure the resident.

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.

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.

Where a resident was at risk of falling, there was evidence of measures in place to reduce this risk. The post falls documentation did not always evidence the actions staff had taken following the fall. This was discussed with the manager who agreed to review and action as appropriate. This will be reviewed at a future inspection.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience.

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. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

The importance of engaging with residents was well understood by the manager and staff. Discussion with the manager and staff confirmed that staff knew and understood residents' preferences and wishes. The weekly programme of social events was displayed advising future events; however upon discussion with staff, residents and relatives it was evident that activities require further improvement in the home. Assurances were provided by the manager that recruitment for an activity therapist was underway and that there were interim activity arrangements to ensure these opportunities were promoted for residents. This will be reviewed at a future inspection.

Staff understood that meaningful activity was not isolated to the planned social events or games and were observed promoting opportunities for visiting and conversation.

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 initial assessment 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, 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. There was evidence of one residents care plans requiring further personalisation regarding personal care needs. The manager agreed to review and action as appropriate.

3.3.4 Quality and Management of Residents' Environment Control

The home was generally clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A discussion took place with the manager regarding promoting a dementia friendly environment. The manager agreed to review and action as appropriate. This will be reviewed at a future inspection.

There was evidence that two sluice rooms were not being used for their original stated purpose; no application to vary the registration was submitted to RQIA. A discussion took place with the manager and an area for improvement was identified. Sluice rooms did not have separate hand washing facilities. An area for improvement was identified.

A number of doors were propped open, this was addressed immediately by staff. An area for improvement was identified. There was evidence of improvements required in staff attendance at practical fire training with a further date arranged for staff who had not yet attended. The manager provided assurances all staff had attended a fire drill; a tracker was in the process of being completed to evidence this.

A Fire Risk Assessment had been completed 21 November 2023 by an accredited fire risk assessor and the overall risk was deemed tolerable.

Review of records and observation of practice 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.

3.3.4 Quality of Management Systems

Mrs Diana Pahome has been the Manager in this home since 5 August 2024.

Residents, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

The manager is currently undertaking 'My Home Life' course to enhance her practice and share this knowledge with staff to improve the quality of life for residents in the home.

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.

There was evidence of a system in place to monitor accidents and incidents that occurred in the home. A sample of these evidenced that these were not always notified to the trust, RQIA and residents next of kin's. An area for improvement was identified.

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	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Diana Pahome, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 18 (1)</p> <p>Stated: First time</p> <p>To be completed by: 2 October 2024</p>	<p>The Registered Person shall ensure the sluice rooms identified during the inspection are reverted back to their original stated purpose.</p> <p>If a decision is made to repurpose these rooms, a variation should be submitted to RQIA outlining the proposed change; the purpose of the room must not change until a decision has been received from RQIA.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: Sluice room has remained as sluice room as per registration</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2024</p>	<p>The Registered Person shall ensure the practice of propping doors is ceased immediately.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: A Staff supervision was completed with all staff in relation to the risks around propping open doors. Home manager and DM are monitoring this during all walkrounds in the home .</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 16 October 2024</p>	<p>The Registered Person shall ensure that sluice rooms have separate hand-washing facilities that meet infection prevention and control guidelines.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: All sluice rooms have separate wash hand facilities in line with requirements.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2024</p>	<p>The Registered Person shall ensure that where appropriate, accident, incidents or other events are reported to RQIA and other relevant organisations in accordance with legislation.</p> <p>Ref: 3.3.4</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2024</p>	<p>The Registered Person shall ensure that pre-employment checks include a written reference from the applicant's present or most recent employer before making an offer of employment.</p> <p>Ref: 3.3.1</p>
<p>Response by registered person detailing the actions taken: HM has checked all the employees files and all the references from the most recent employer are in place. The home has a new manager in post and going forward she will review all references are correct and signed as evidence of overview</p>	

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The Regulation and Quality Improvement Authority

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



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews