



Inspection Report

Name of Service: Carlisle Court Residential Home

Provider: Kathryn Homes Limited

Date of Inspection: 10 March 2025

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:	Ms Diana Pahome - not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 60 residents living with dementia. The home has two units; Cathedral and Viceroy and are based across two different floors; accessible via the stairs or a through floor lift. There are a range of communal areas throughout the home and residents have access to an enclosed garden and patio area.</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 10 March 2025, between 7.40 am and 2.00 pm by two care inspectors.

Following intelligence received, RQIA decided to undertake an unannounced inspection to review the delivery of care and the standard of the environment.

The inspection evidenced 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 generally knowledgeable and well trained to deliver safe and effective care.

Residents who were able to make their wishes known 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement 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 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 spoken with who were able to make their wishes known generally provided positive feedback about their experiences living in the home. Some of the comments shared included; "I couldn't ask for a better staff team" and "the staff have been very good to me." Those residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

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.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

3.3 Inspection findings

3.3.1 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 and '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.

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 resident choice in how and where they spent their day or how they wanted to engage socially with others.

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 breakfast dining experience was observed in both Viceroy and Cathedral units. The breakfast experience in Viceroy 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.

During the breakfast dining experience in Cathedral unit there was evidence of improvements required. Staff were knowledgeable of residents on modified diets, however; it was not evident that choice was offered to one resident who required their diet modified. It took a staff member a significant period of time to return to the dining area with cutlery for one resident and there was a delay in residents receiving their breakfast meal. This was discussed with the management team and an area for improvement was identified.

Residents who had an earlier waking time were supported with this, however; there was not always evidence of residents being offered a hot drink or snack prior to the scheduled breakfast meal. Assurances were provided in writing following the inspection that this has been reviewed and a system was put in place to ensure all residents are offered these provisions as required.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

3.3.2 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 generally 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. Improvements were required to ensure care records evidenced repeated attempts to support with personal care if this was appropriate. Assurances were provided by the management team that a recording tool would be implemented to ensure this was evidenced appropriately.

There was evidence of residents preferred waking and bedtimes recorded in care plans. Further improvements were identified as required with regards to input from the multi-disciplinary teams and recommendations regarding personal care for some residents. Assurances were provided by the management team this had been identified prior to the inspection and plans are in place to address this.

3.3.3 Quality and Management of Residents' Environment

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.

There was evidence of improvements required with regards to the Control of Substances Hazardous to Health (COSHH), for example; the sluice room was observed as unlocked with access to cleaning chemicals. There was also evidence of a kitchenette not securely locked with access to potentially harmful substances for example; dish washing tablets. These issues were addressed at the time of inspection and an area for improvement was identified.

One of the fridges was observed to require cleaned and food removed which could have potentially posed a food hygiene risk. There was evidence of a system in place for staff to record the completion of their cleaning tasks however, this was not accurate of the cleaning which had occurred. A discussion took place with the management team and assurances were provided this system would be reviewed to ensure these cleaning tasks were being completed appropriately.

3.3.4 Quality of Management Systems

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

Residents and staff commented positively about the manager and described her 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.

There was evidence of systems in place to record and monitor complaints however; the outcome of complaints were not always clearly recorded. A discussion took place with the management team to ensure this is recorded.

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	3*

* the total number of areas for improvement includes two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Diana Pahome, Manager and Mrs Tracey Anderson, Responsible Individual, 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 14 (2) (a) Stated: First 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: 3.3.3</p> <p>Response by registered person detailing the actions taken: A supervision and staff meeting was held to discuss the importance of management of hazards. This is also checked daily on the walkarounds by the home manager or person in charge and future issues will be managed via HR process</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 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 19.2 Stated: First time To be completed by: 18 September 2024	<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: 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 3 Ref: Standard 12 Stated: First time To be completed by: 10 March 2025	The Registered Person shall review the mealtime experience to ensure that this is an organised, person-centred experience offering residents choice and delivered without delay. Ref: 3.2.1
	Response by registered person detailing the actions taken: Meal time standards are completed weekly for each unit and all actions are addressed . Menu choices have been in place since opening of the home and are completed daily and sent to the kitchen . A copy is retained in manager office to ensure that they are in line with residents likes and dislikes . All residents always decide where they would like to sit in the dining rooms or where they would like to have their meals

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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