

Inspection Report

26 April 2024



Carlisle Court Residential Home

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd	Registered Manager: Rachel Allen – registration pending
Responsible Individual Mrs Tracey Anderson – registration pending	
Person in charge at the time of inspection: Rachel Allen	Number of registered places: 60
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	
Brief description of the accommodation/how the service operates: 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. There is a Nursing Home which occupies the same building.	

2.0 Inspection summary

An announced inspection took place on 26 April 2024, from 10.00 am to 1.50 pm by a care inspector and an estates inspector. The inspection sought to assess an application submitted to RQIA for the registration of Carlisle Court as a Residential Care Home.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards (December 2022) (Version 1:2).

It was confirmed from a care perspective that the home was appropriately prepared for registration with RQIA. No areas for improvement were identified from this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service-user's experience.

Following the inspection, RQIA were pleased to confirm that registration of the home with RQIA was approved and that the planned phased admission of residents could proceed.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

5.0 The inspection

5.2 Inspection findings

5.2.1 Estates

The premises were found to have been decorated and presented to a high standard, and suitably furnished throughout. The bedrooms, en-suites and communal spaces were found to exceed the current Department of Health (DoH) Care Standards with regards to area and critical dimensions.

The following documents were reviewed at the time of the inspection:

- Fire Risk Assessment
- service records for the premises fire alarm and detection system
- service records for the premises emergency lighting installation
- service records for the premises portable fire-fighting equipment
- LOLER 'Thorough Examination' reports of the premises patient lifting equipment and passenger lift
- condition reports for the premises fixed wiring electrical installation
- condition report for the formal testing of the premises portable electrical appliances
- Legionella Risk Assessment, water safety plan and records of control measures

A current legionella risk assessment was in place and the required control measures continue to be implemented and maintained. Suitable temperature monitoring of the premises' hot and cold water systems was in place with records being maintained as recommended. Recent bacteriological sampling of the hot and cold water systems confirmed that legionella bacteria was not detected. A contract for the regular servicing of all thermostatic mixing valves throughout the premises was in place.

A fire risk assessment had been undertaken by a suitably accredited fire risk assessor and the risk rating was noted as being 'tolerable'. Fire safety records inspected, confirmed that all systems were maintained in accordance with current best practice guidance.

The premises' mechanical and electrical services were installed and commissioned in line with relevant legislation, Approved Codes of Practice (ACOPs) and best practice guidance.

5.2.2 Staffing arrangements

A discussion took place with the manager prior to the pre-registration inspection, it was confirmed that staff had been recruited for Senior Care Assistant (SCA) and Care Assistant positions. The manager confirmed the home is recruiting for a well-being lead to ensure that residents quality of life and access to activities are promoted. The manager also told us residents will be offered a full and varied programme of activities to meet their individual interests and needs. The manager provided an overview of the proposed staffing structure and assurances were provided that these would be reviewed in accordance with the health and welfare needs of the residents to be accommodated.

The manager confirmed, staff would be undertaking the required mandatory training to ensure they are suitably trained, before residents would be admitted into the home.

5.2.3 Governance and management arrangements

During a meeting with RQIA, prior to the pre-registration inspection, the manager demonstrated a sound understanding of their role, responsibility and accountability under the legislation. The organisational structure was set out in the Statement of Purpose and Service User's guide. The manager confirmed the support structures available to her including; support from a Deputy Manager, a team of senior care assistants and care staff.

The Regional Manager confirmed they will also be supporting the Manager in their role and will be available for advice and guidance as required, particularly during the phased admissions of new residents into the home.

5.2.4 Statement of purpose and Service User guide

A copy of the Statement of Purpose and Service User guide were submitted to RQIA prior to the pre-registration inspection both of which evidenced that they had been developed in keeping with Regulations.

5.2.5 Admission arrangements

The manager confirmed that admissions to the home would be facilitated on a phased basis following a pre-admission assessment, to ensure the home could meet the assessed needs of the new resident under the home's registered categories of care, statement of purpose and staffing arrangements.

5.2.6 Adult Safeguarding

It was confirmed that the home has an Adult Safeguarding Policy and Procedure in place which is consistent with current regional guidance. The manager is the adult safeguarding champion for the home. The Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards (DoLS) were discussed in relation to the care delivery of residents. The manager confirmed that processes and policies were in place to manage and review DoLS within the home. The pre-admission assessment will confirm if residents are subject to DoLS and this will inform care planning and review.

5.2.7 Environment and Infection Prevention and Control

The home was bright and welcoming. Individual resident accommodation is located across two floors; the ground floor and first floor. Bedrooms were spacious with en suites accessible and adjoining to all rooms. Observations identified that a number of soap dispensers required to be attached to walls securely; confirmation was received following the inspection that these had been secured appropriately.

Bedrooms were suitably decorated, furnished with single beds, bedside storage with lockable keys, wardrobe facilities and seating. Keys for lockable storage were not available in each bedroom. A discussion took place with the manager and assurances were provided that keys were available for all lockers and would be in place for residents when they were admitted. Call bells were appropriately situated and linked to a call bell system. Bedroom doors were fitted with a suitable thumb lock device, a number of the locks required repair to ensure these were working appropriately. Following the inspection, confirmation was received that these had been reviewed and repaired as required.

A number of communal lounge areas, quiet rooms and dining areas were located comfortably across both units. These were suitably decorated with access to adequate seating and lighting.

Sluice rooms were located on both floors. However; further improvements were required to these to ensure they were compliant with the minimum standards. Following the inspection confirmation was received that two of these sluice rooms would meet minimum standards and remain operational and the other two would now be used for storage. Updated floor plans were also submitted to RQIA to reflect the change in purpose of the sluice rooms. The use of these rooms will be reviewed during a future inspection.

Domestic stores did not have hand washing facilities. Following the inspection, confirmation was received that the domestic stores had been fitted with suitable hand washing facilities. This will be reviewed at a future inspection.

6.0 Conclusion

It was confirmed from both a care and estates inspector's perspective that the home was appropriately prepared for registration with RQIA and was ready for the admission of residents.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Rachel Allen, manager and Tracey Anderson, responsible individual, as part of the inspection process and can be found in the main body of the report.

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