The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carlisle Court Residential Home

Provider: Kathryn Homes Ltd

Date of Inspection: 14 March 2026

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
Service Profile: Carlisle Court Residential home is a residential care home registered to provide health and social care for up to 60 residents living with dementia. The home is separated into two units across two floors. A separately registered nursing home occupies the same building.	

2.0 Inspection summary

An unannounced inspection took place on 14 March 2026, between 10.30 am and 2.30 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 30 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other medicine related areas for improvement have been carried forward for review 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. 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, mostly provided positive feedback about their experiences living in the home. Some of the comments shared included, "the staff are excellent, it is a lovely place" and "everything is good, there are no problems." Other comments regarding activity provision were shared with the manager for review and action as appropriate.

Relatives of residents who were visiting the home and spoken with, provided positive feedback about their relatives experience in the home. Some of the comments shared included, "it's a great place, the staff are all lovely and there are lots of activities" and "the care my relative receives is excellent."

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 structured inductions in place for staff who were starting work in the home, however on occasion some signatures were missing from the completed inductions. The details of this were shared with the manager who confirmed that these would be reviewed and updated.

Residents 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 mostly satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Some comments regarding staffing levels were shared with the manager for review and action as appropriate.

Staff spoken with provided positive feedback about working in the home and confirmed they received good inductions when they started working in the home. Staff commented positively about the manager and reported she is approachable and able to provide guidance. Staff said they had confidence in the manager and that there was a clear out of hours reporting structure in place when the manager was off duty. Some of the comments shared included, "this is the best manager I've ever had" and "the seniors are supportive."

3.3.2 Care Delivery & The Environment

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. Staff were observed communicating with residents in a person centred and respectful manner.

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.

The home was bright and welcoming, corridors were observed as spacious and free from obstruction. Resident's bedrooms were warm and comfortable with evidence of personalisation with items important to the resident. The atmosphere was warm and welcoming, music was playing across the home and residents were observed seated comfortably in communal areas or their bedroom if this was their preferred choice.

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.

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	3*	0

* three medicine related areas for improvement have been carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Diana Pahome, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 January 2026	The Registered Person shall ensure that medicines are safely and securely stored and that medicine trolleys are locked when unattended. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 8 January 2026	The Registered Person shall ensure that controlled drugs requiring safe storage are stored in the controlled drugs cupboard. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall ensure that robust systems are in place to remove expired medicines from use. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

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

The Regulation and Quality Improvement Authority

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