

Inspection Report

Name of Service: Carlisle Court Residential Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 7 & 8 July 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:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Florentina Moca – acting manager
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 7 July 2026 between 10.50 pm and 12.35 am; and 8 July 2026, between 10.50 am and 5.00 pm by two care inspectors and an estates inspector.

RQIA received a number of concerns regarding ongoing investigations in the home which have occurred since April 2026. These investigations raised concerns in relation to a number of different themes, including: the supervision of residents, staffing levels, staff escalation of incidents, knowledge of resident's needs, falls management and the environment. In response to this information RQIA decided to undertake an unannounced inspection which focused on the concerns raised.

While we found care to be delivered in a compassionate manner, RQIA were seriously concerned regarding issues identified in the home regarding potential risks to residents' health and welfare. Specifically this relates to staffing arrangements; the management of falls; the home's environment; and the lack of effective and robust management oversight of these areas to drive and embed improvement into practice.

As a result of this inspection, RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns meeting was held on 22 July 2026.

During the inspection, the Responsible Individual and the management team, provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements identified during the inspection. RQIA accepted the assurances provided by the management team.

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 said they enjoyed living in the home and provided positive feedback about the staff. Some of the comments shared included, "staff are very good, come quickly if I need them, I can just shout or use my call bell" and "no complaints at all, everyone is very nice."

Visitors to the home provided positive feedback about care delivery of their loved ones. They said that staff were responsive to the needs of residents and communicated any concerns promptly. Other comments were shared with the management team for review and action as appropriate.

3.3 Inspection findings

3.3.1 Staffing Arrangements & Falls Management

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.

Concerns were identified in relation to the deployment of staff across both the Viceroy and the Cathedral units. On arrival to the home on 7 July 2026; two care staff were observed seated in a lounge area in the Viceroy unit on handheld devices. One care team leader (CTL) was supervising the rest of the unit. Staff were later observed together along one corridor in the Viceroy unit leaving the rest of the unit unsupervised. This was addressed immediately with the staff to ensure there was adequate supervision for residents across the home. This raised concerns relating to levels of staff supervision on night duty.

Senior nurses who had been employed to work in the home in a supernumerary capacity to support staff and promote safety and quality of care overnight in the home, were both working in the Cathedral unit. RQIA were informed, one of the nurses was covering for a CTL due to short notice absence. When discussing their role in the home RQIA were informed this was their first shift. RQIA were also informed that the nurse had no direct access to the care records system, and had to liaise with the CTL in the Viceroy unit to gain access to same. Concerns were identified relating to the deployment of staff and lack of consideration to the skill mix as both nurses were based on the same unit. Deployment of staff and access to records was discussed with the management team at the meeting with RQIA on 22 July 2026 and two areas for improvement were identified.

Staff were not clear as to the arrangements for staff breaks in order to ensure adequate staffing cover on the floor at all times. The allocation sheet reviewed was not the current version in use in the home and did not identify staff designation of duties. Details were discussed with the management team during the meeting with RQIA and an area for improvement was identified.

Duty rotas did not include the names of the lead nurses working in the home or the capacity in which they were working and did not clearly identify the person in charge in the absence of the manager. Details were discussed during the meeting with RQIA and assurances were provided as to the necessary action to be taken to address the deficits. An area for improvement was identified.

Staff in the Viceroy unit demonstrated a lack of knowledge and understanding of the regional post falls protocol. The majority of staff spoken with stated that they would immediately contact the emergency services in the event of a resident having a fall. Details were discussed during the meeting with RQIA and assurances were provided as to how this would be addressed. An area for improvement was identified.

Additional concerns were identified regarding falls management as staff were unable to clearly identify which residents required the use of alarm mats. This information was also not consistently or clearly recorded in residents' care records, or staff handovers. RQIA were further concerned at the lack of clarity regarding whether individual residents were assessed as able to use call bells; and care records contained conflicting information. This was discussed further during the meeting with RQIA and assurances were provided as to the necessary action to be taken to address the deficits. Two new areas for improvement were identified.

Domestic staff rotas evidenced planned staffing levels for domestics had not been met for a number of shifts and only one domestic staff member was covering both floors. No laundry staff were identified on the rota for this period, however assurances were provided that the laundry staff member's hours were included on the Nursing Home's duty rota. Night duty staff are allocated additional cleaning duties to complete alongside their night checks and providing care to residents which raises concerns regarding the overall level of supervision available to residents during night duty and the potential impact this may have upon the cleanliness of the

environment, particularly due to the deficits identified throughout the inspection. Environmental deficits are discussed further in section 3.3.2. Domestic staffing arrangements and night staff cleaning duties were further discussed during the meeting with RQIA and adequate assurances were provided as to how these deficits would be addressed. An area for improvement was identified.

3.3.2 Environment & Governance Arrangements

The home was bright and welcoming. Resident's bedrooms were personalised with items important to the residents.

Documentation presented to the RQIA estates inspector during the inspection and forwarded following the inspection indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. All relevant risk assessments, including for fire and water safety, had been updated to take account of the alterations and additions made to the home. Feedback was given to the home after the inspection that although all documentation was in place the record keeping of the documentation is not ideal and could be improved.

During the inspection there was evidence of a malodour present across different areas of the home including corridors, a staff bathroom and two identified bedrooms. Some aspects of the environment required further attention to detail in the cleaning of these areas, for example: shower trays, skirting boards and inside bathroom cabinets. There was evidence of toilet rolls stored over handrails presenting as an Infection Prevention and Control (IPC) risk and a number of toothbrushes were observed as requiring replacement.

The overall environmental deficits raised concerns regarding the consideration given to the well being and dignity of the residents and enjoyment of their home. There was evidence of toiletries accessible in a number of residents' bathroom cabinets and no clear system in place to identify those residents who were assessed as safely able to access their toiletries. This is concerning due to the needs of residents within this registered category of care and places a potential risk to residents' health and well-being. Details were further discussed during the meeting with RQIA and adequate assurances were provided as to how the deficits would be addressed. Two areas for improvement were identified.

A sample of audits were reviewed, including environmental, restrictive practice and IPC audits. It was not evident that bathrooms were included as part of the environmental audits as deficits were not being identified. IPC audits were not robust as they did not identify the deficits identified on inspection, with regards to cleanliness of the environment, toilet rolls stored on hand rails or the deficits with toothbrushes and bathroom cabinets. Care plan audits were in place however, did not identify the inconsistencies regarding call bells and alarm mats. Overall, it was evident that the systems in place to drive the necessary improvements are not sufficiently robust at sustaining and embedding the required actions into practice. 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	6*	8

* the total number of areas for improvement includes three Regulations that are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Florentina Moca, Manager, as part of the inspection process; and with Ms Amanda Mitchell, Responsible Individual during the Serious Concerns meeting on 22 July 2026. 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 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.
Area for improvement 4 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 8 July 2026	The registered person shall review the deployment of staff to ensure there is adequate supervision across the home to meet the needs of the residents. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staffing levels have been reviewed taking into consideration occupancy and resident assessed needs. A revised daily allocation sheet has been introduced for every shift, clearly allocating staff responsibilities, unit coverage, meal coordinators, activity champions, resident supervision, break arrangements and Care Team Lead oversight.

	Staff deployment is reviewed at every handover and adjusted according to resident dependency, occupancy, 1:1 support requirements and emerging clinical risks. Daily staffing oversight is supported through the Daily Shift Report and Daily Manager's Walkthrough. Ongoing compliance is monitored through daily management oversight, weekly governance meetings and Regional Manager quality assurance visits.
Area for improvement 5 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that as far as is reasonably practicable, all parts of the residential home to which residents have access, are free from hazards to their safety. This is with specific reference to the storage and management of toiletries. Ref: 3.3.2
	Response by registered person detailing the actions taken: A full environmental review was completed, bedrooms and bathroom cabinets were audited and locks fitted where required to ensure toiletries are stored securely. Individual risk assessments and care plans have been reviewed and updated to reflect residents' assessed level of risk. Staff have received reminders and a dedicated Safe Care Huddle reinforcing safe storage of toiletries and maintenance of a hazard-free environment. Daily Manager's walkthroughs provide ongoing oversight, with immediate corrective action where non-compliance is identified. Compliance will be monitored through daily management oversight, with additional independent assurance provided through the monthly Regulation 29 quality monitoring visit and report. Posters have been displayed to ask visitors to report to staff when they bring toiletries or food/fluids into the home so that the items can be stored securely.
Area for improvement 6 Ref: Regulation 10 (1) Stated: First time To be completed by: 15 July 2026	The registered person shall ensure that the systems in place to audit working practices are robust at identifying deficits and where these are identified; action plans are developed and implemented to embed these changes into practice. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Healthcare Ireland Governance Team has developed a comprehensive rolling audit programme supported by standardised audit templates. Audit findings are uploaded to the SharePoint governance site and reviewed during Regulation 29 visits. The Registered Manager reviews audit outcomes, ensuring identified deficits have clear action plans, named responsible persons and agreed completion dates.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 20 Stated: First time To be completed by: 15 July 2026	The registered person shall ensure that there is a robust system in place for all staff working in the home, to ensure they can access care records when working in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager completed a review of permanent staff to ensure each individual has a unique username and password to access the electronic care recording system. Regional staff and agency staff access the electronic care record using a central logon. A system is in place to provide access for new starters and agency staff. The Person in Charge verifies that staff on duty can access the electronic care recording system, with any access issue escalated immediately.
Area for improvement 2 Ref: Standard 25 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure the staff allocation system clearly identifies the staff breaks and staff allocated to specific duties. Ref: 3.3.1
	Response by registered person detailing the actions taken: The staff allocation system has been reviewed and redesigned. A Daily Allocation Sheet is now used for day and night shifts and identifies the Clinical Team Lead in Charge, staff allocated to each area, specific duties and staff break times. Breaks are staggered to maintain adequate resident supervision and minimum staffing on each unit. Deployment is reviewed at the beginning of every shift and amended where required to reflect resident dependency, occupancy, 1:1 support requirements and emerging risks. Completed allocation sheets are returned to the Home Manager's office and reviewed as part of daily governance oversight.
Area for improvement 3 Ref: Standard 25 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure the duty rota accurately reflects all of the staff working in the home over a 24 hour period and the capacity in which they worked. These must be available for staff on duty. Ref: 3.3.1
	Response by registered person detailing the actions taken: The duty rota has been reviewed and redesigned to ensure it includes all staff working within the home over a 24-hour period. The rota identifies each staff member's role, shift pattern, allocated unit and the Person in Charge for each shift. Updated

	rotas are available within the home for staff reference and management oversight. The Person in Charge reviews staffing and skill mix at the commencement of each shift and escalates or adjusts deployment where required. Completed rotas are retained.
Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: 22 July 2026	The registered person shall ensure that staff are suitably trained for their roles and responsibilities. This is with specific reference to the post falls protocol. Ref: 3.3.1 Response by registered person detailing the actions taken: The regional post-falls protocol has been re-issued and reinforced with the staff team. Staff follow the regional falls pathway. The registered manager reviews all falls to ensure the regional falls pathway is followed. Learning is reinforced through safety huddles, handovers and supervision. The Regional Training Nurse has delivered bespoke training on the Regional Falls Pathway with Care Team Leads.
Area for improvement 5 Ref: Standard 9.2 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that there is a robust system in place to ensure staff are equipped to identify resident's needs; this is with specific regards to residents requiring call bells and alarm mats. Ref: 3.3.1 Response by registered person detailing the actions taken: The Regional Training Nurse has provided training in the home to include care planning and risk assessments. Healthcare Ireland has template documents to ensure consistency throughout the organisation, i.e. pre-admission assessment. Healthcare Ireland has corporate policies and procedures to support staff to assess residents care needs. The electronic care recording system supports staff to identify care plans and risk assessments that are due for review. Specifically all residents capability to use call bells has been completed and care plans and risk assessments updated to reflect the findings of this review. Residents who require alarm mats or with known risks are identified in the handover. Residents needs are continually reviewed and care reviews are arranged at least annually or sooner as required. Staff have the opportunity to identify training needs during supervision and appraisals. Competency reviews may also identify training needs.

Area for improvement 6 Ref: Standard 6 Stated: First time To be completed by: 15 July 2026	The registered person shall ensure that resident's care plans are reflective of their assessed need. This is with specific regards to call bells and alarm mats. Ref: 3.3.1 Response by registered person detailing the actions taken: All care plans and associated risk assessments have been reviewed to ensure they accurately reflect each resident's assessed need for call bells and alarm mats, including whether the resident is able to use a call bell effectively, the purpose and positioning of any alarm mat, and the action staff must take when equipment is activated, care plans are kept under review and updated following any changes to assessed needs. A care plan and call bell compliance audits are in place.
Area for improvement 7 Ref: Standard 25.4 Stated: First time To be completed by: 15 July 2026	The registered person shall review the domestic staffing levels to ensure that cleaning duties across the home are successfully met. Ref: 3.3.1 Response by registered person detailing the actions taken: Domestic staffing levels have been reviewed against the needs of the service. On a day to day basis shortfalls with domestic cover are escalated promptly. Cleaning responsibilities are clearly allocated and monitored during daily registered manager walkarounds and housekeeping oversight.
Area for improvement 8 Ref: Standard 27.1 Stated: First time To be completed by: 15 July 2026	The registered person shall ensure that the home is kept clean and hygienic at all times with a particular focus on those areas discussed at inspection. Ref: 3.3.2 Response by registered person detailing the actions taken: Immediate remedial action was taken in the areas identified during inspection. Enhanced cleaning was undertaken with particular attention to shower trays, skirting boards, bathroom cabinets, corridors, the staff bathroom and identified bedrooms. Toilet rolls were removed from handrails, toothbrushes requiring replacement were replaced, and bathroom storage arrangements were reviewed. Environmental and IPC monitoring has been strengthened to include bathrooms and the specific deficits identified by RQIA. Daily manager walkarounds and spot checks are completed, with deficits escalated for immediate action. Audit findings are reviewed through the home's governance arrangements and repeat checks are used to evidence that improvements are sustained.

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