

Inspection Report

30 July 2021



Camlo Homes

Type of Service: Residential Care Home (RCH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Camlo Homes Responsible Individual: Mr Stephen Emerson	Registered Manager: Mr Grant Johnston-Wood : Acting Manager
Person in charge at the time of inspection: Joanne Smart Deputy Manager	Number of registered places: 29
Categories of care: Residential Care (RC) PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence. LD – Learning disability. LD (E) – Learning disability – over 65 years. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 20
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 29 persons. Resident bedrooms are located over three floors. Residents have access to communal lounges, a dining room and a garden area to the front of the home.	

2.0 Inspection summary

An unannounced inspection took place on 30 July 2021 from 9.00 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Staffing arrangements were found to be safe, effective and adjusted if/when required following regular review. Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Residents expressed positive opinions about the home and the care provided. Residents told us that staff were friendly and very good and were satisfied with the food provided.

RQIA were assured that the delivery of care and services provided in Camlo Homes was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to further improve staff practice and the residents' experience.

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.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

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 Joanne Smart, Deputy Manager at the conclusion of the inspection.

RQIA were assured that the delivery of care and service provided in Camlo Homes was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Camlo Homes.

4.0 What people told us about the service

Ten residents and three staff were spoken with during the inspection.

Residents' told us that they were satisfied with the service in the home. They described staff as "superb" and "very good to them".

Residents said that they were happy in the home and enjoyed their meals stating that they are "well fed".

Visiting and care partner arrangements in the home were ongoing and one resident described how they looked forward to the visits from their loved ones.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff spoken with said "they are like our second family there is nothing we wouldn't do for them."

Five responses to the resident/relative questionnaires were received indicating satisfaction with the service.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time	The registered person shall ensure that the refurbishment plan for the premises is fully implemented without further delay.	Carried forward to the next inspection
	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: This area for improvement will be discussed further in section 5.2.3.	

<p>Area for improvement 2</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p>	<p>The registered person shall ensure all appropriate checks and relevant documentation is in place prior to a staff member commencing employment in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of one employment file indicated that whilst all necessary documents were in place one reference had not been sought from the most recent employer or explanation as to why this was not available.</p> <p>This area for improvement was partially met and was stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure the monthly monitoring reports are consistently completed and shall include details of the proposed refurbishment plan.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was met as stated.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care records are reflective of the current SLT guidelines using the IDDSI terminology.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and will be stated for a second time.</p> <p>This will be discussed further in section 5.2.2.</p>	<p>Not met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</p>	<p>The registered person shall ensure when an action plan is developed following the auditing process any improvements made/ actions taken must be clearly documented and signed as complete.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met as stated.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. One recruitment file was reviewed and evidenced that whilst all necessary documents were in place, one reference had not been sought from the most recent employer or explanation as to why this was not available. This was discussed with the deputy manager and an area for improvement identified at the previous inspection is stated for a second time.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics delivered face to face. We observed that the training provided to management had not been included on the training matrix; this was discussed with the deputy manager who agreed to address this.

Staff said that they were adequately trained to conduct their roles and that everyone was aware of their own roles and responsibilities within the team. Staff told us that they had adequate supplies such as cleaning materials and Personal Protective Equipment (PPE).

Review of governance records provided assurance that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The person in charge of each shift in the absence of the manager was highlighted so staff were aware who was in charge of the home at any given time.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of residents in the home. It was noted that there was enough staff available in the home to respond to the needs of residents. Staff spoken with advised they were happy with the staffing levels of the home and that they were kept under review.

Residents told us that staff were “great” and “very friendly” during interactions and that they felt that the home was “first class”. Residents told us that they were satisfied with the staffing levels in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff were knowledgeable of residents’ needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and the home manager. Staff told us they felt supported by the manager.

Staff were observed attending to residents’ needs in a timely manner. Residents were offered choices throughout the day, from where and how they wished to spend their time and what meals they wanted to eat.

Residents' needs were assessed 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. For one resident who smoked we observed that the information in the risk assessment was not clear as to how the residents smoking was enabled. This was discussed with the manager and an area for improvement was identified.

A sample of records reviewed evidenced care plans had not been developed in regard to activities incorporating the resident's interests, like and dislikes or how they liked to spend their day. Some of the care plans lacked resident specific details for example in relation to their mental health needs. This was identified as an area for improvement. Activities are discussed further in section 5.2.3.

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 assistance from staff. Lunch was observed and found to be pleasant, social and unhurried experiences for residents. The food looked and smelled appetising and portion sizes were generous. Residents told us they enjoyed their meal and that the food was good.

There was a variety of drinks on offer and the menu was available for the residents to see what the options were. Staff completed a meal choice sheet to inform the kitchen what options were requested by the residents.

Residents' weights were monitored at least monthly. Records showed that there was appropriate onward referral to speech and language therapy (SLT) or dietetics, and any recommendations made were detailed in the residents' individual care records. However, we observed that some of the records reviewed were not reflective of the International Dysphagia Diet standardisation Initiative (IDDSI) terminology. This was discussed with the deputy manager and an area for improvement identified at the last care inspection is stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms and bathrooms and storage spaces. The home was clean, warm, well-lit and free from malodours. Following the previous inspection a refurbishment plan was submitted to RQIA. Whilst some progress had been made there was still work outstanding some of which was due to constraints attributed to the ongoing Covid -19 pandemic. This was discussed with the deputy manager and an area for improvement identified at the previous inspection is carried forward for review at the next inspection.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. Deficits were identified in relation to cleaning of some resident equipment, while other equipment used were seen to be a potential infection control risk. This was discussed with the manger and an area for improvement was identified.

Residents' bedrooms were clean, tidy and some were personalised with items of importance to each resident, such as family photos and sentimental items from their home.

Measures were in place to manage the risk of Covid-19. There was signage at the entrance of the home reflecting the current best practice guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and PPE was provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current Department of Health guidance. While the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. An area for improvement was identified.

Governance records showed that Infection Prevention and Control (IPC) audits were conducted regularly and monitored staffs' practice and compliance with the guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day, for example, some residents preferred to spend time in their bedrooms; some used the communal areas and some residents were seen to move between communal and personal spaces. One resident who chose to stay in her room told us she was happy with this arrangement as they enjoyed spending time reading. New equipment had been recently purchased for the home to enhance video calls with relatives.

The home's activity coordinator was on duty and discussed some of the upcoming planned events such as a meal out at a local hotel and the usage of a nearby bowling green for picnics, however there was no activity planner available to view for activity on going in the home. We discussed the provision of activities with staff and an area for improvement was identified.

Residents and staff confirmed that there were regular visits from family members. Residents also discussed that they availed of trips outside the home and discussed how they followed the guidance on usage of face coverings, hand hygiene and social distancing whilst out.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibility in reporting concerns or worries about resident care, staffs' practices or the environment.

There has been a change in the management of the home since the last inspection. Mr Grant Johnson-Woods has been the acting manager since 27 January 2021. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The

manager was identified as the appointed safeguarding champion for the home. Staff were aware of how to raise concerns when needed.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and to RQIA appropriately. A review of records evidenced that there was no falls policy / protocol in place to direct staff of what action to take if a resident falls. This was discussed with the deputy manager who agreed to take advice from the Falls Prevention team in the trust to assist in development of this. An area for improvement was identified.

There was a system in place to manage complaints to the home. The manager maintained records of compliments received about the home and shared these compliments with staff. One recent thank you card said, "Thank you so much for taking great care of xxx".

Staff commented positively about the management team and described them as supportive, approachable. Discussion with the manager and staff confirmed that there were good working relationships.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. There was evidence of the consultation with staff and residents however there was no consultation evident with the resident's relative. This was discussed with the deputy manager who agreed address this. Progress with this will be reviewed at the next inspection.

6.0 Conclusion

Residents looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Residents were seen to make choices throughout the day; from the care they received to how they spent their time. Staff were observed to be attentive to those residents who were unable to verbally express their needs.

Residents' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to residents and each other.

Residents were observed to be happy in their surroundings and positive interactions with staff were observed. Staff and visitors were positive when discussing the service provided in Camlo Homes.

This service will be further enhanced with compliance in the areas of improvement identified

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

* The total number of areas for improvement includes one under regulation that has been stated for a second time, one under standards stated for a second time and one under regulation that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Joanne Smart, deputy 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	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 30 November 2021	The registered person shall ensure that the refurbishment plan for the premises is fully implemented without further delay. Ref 5.1.and 5.2.4 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 21 Stated: Second time To be completed by: 30 October 2021	The registered person shall ensure all appropriate checks and relevant documentation is in place prior to a staff member commencing employment in the home. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: This has been actioned. The pre-employment check list now includes requirement to ensure that at least one reference is from the applicants most recent employer.
Area for improvement 3 Ref: Regulation 14 (2) (b) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure for residents who smoke a risk assessment are in place and accurately maintained in regard to individual needs to ensure the safety of the resident and others. Ref 5.2.2 Response by registered person detailing the actions taken: This has been actioned. All residents who smoke have an up to date risk assessment in place.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: Immediately and ongoing	The registered person shall ensure that are care records are reflective of the current Speech and Language Therapy guidelines using the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: This has been actioned. The care plans have been updated to use all IDDSI terminology. No longer include words such as "texture or type" but refer to "level" instead.

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2021</p>	<p>The registered person shall ensure that the detailed care plans are in place for each residents assessed needs. This is stated but not limited to the activity care plans and those pertaining to a resident's mental health needs.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2021</p>	<p>Response by registered person detailing the actions taken: This has been actioned. The Activity Coordinator has been developing activity care plans. Staff have added more information regarding the mental health of the residents, so that they are more individually tailored for each resident.</p> <p>The registered person shall ensure that there is a programme of activities and events for residents throughout the week which are person centred and reflect residents' individually assessed social and emotional needs. The nature and duration of activities provided must be appropriately recorded and traceable to individual residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This has been actioned. A comprehensive timetable is displayed in the residents' communal area making them fully aware of the activity plan for the week.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered manager shall ensure that the environmental and infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been actioned. The pull cords around the home are now protected by plastic sleeves to reduce possible spread of infections. Also the shower curtains are checked and this is recorded each day.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been actioned. Staff receive continuous education regarding the correct use of PPE in various areas of the home. This includes the correct use of masks, gloves, aprons, and sanitisers according to IPC training.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2021</p>	<p>The registered person shall ensure a falls policy is developed and a post falls protocol is in place to direct staff of what action to take when a resident falls.</p> <p>Ref: 5.2.</p>
	<p>Response by registered person detailing the actions taken: A policy and protocols are being developed to address falls and post fall action in the event of a resident falling.</p>

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