

Unannounced Care Inspection Report 1 November 2016



Camlo Homes

Type of service: Residential care home
Address: 3-5 North Parade, Belfast, BT7 2GF
Tel no: 028 9064 5127
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Camlo Homes Residential Care Home took place on 1 November 2016 from 10:45 to 17:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management. One requirement was made in regards to ensuring all relevant recruitment information is obtained prior to making an offer of employment and one recommendation was made for the repainting of resident's bedrooms.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders. No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships. One recommendation was made in regards to the review and updating of the homes complaints policy and procedure.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Joanne Smart, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 June 2016.

2.0 Service details

Registered organisation/registered person: Camlo Homes	Registered manager: Mrs Joanne Smart
Person in charge of the home at the time of inspection: Mrs Joanne Smart	Date manager registered: 1 April 2005
Categories of care: MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years RC-A	Number of registered places: 29

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan, and the previous inspection report.

During the inspection the inspector met with eleven residents individually, and others in groups, four care staff, the deputy manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings

- Complaints and compliments records
- Audits of care plans, accidents and incidents (including falls), complaints, environment, catering, infection prevention and control procedures
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives'
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 21 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11/10/16

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 24/06/16

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 27.4 (d)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2016</p>	<p>The registered provider must ensure that fire safety checks are maintained on an up to date basis, that records accurately reflect specific areas and alarm systems checked and that fire doors are not propped open.</p> <p>Action taken as confirmed during the inspection: Inspection of records available in the home showed that fire safety checks were being maintained on an up to date basis, and records accurately reflected specific areas tested. Fire doors were managed appropriately on the day of the inspection.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 24 September 2016	The registered provider should ensure the home's adult safeguarding policy is revised and updated to reflect new regional guidance to include the name of a safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.	Met
	Action taken as confirmed during the inspection: The home's adult safeguarding policy had been revised and updated to reflect new regional guidance.	
Recommendation 2 Ref: Standard 21 Stated: First time To be completed by: 24 September 2016	The registered provider should ensure a policy and procedure is developed regarding the use of CCTV for the building.	Met
	Action taken as confirmed during the inspection: A policy and procedure regarding the use of CCTV was developed and available for inspection.	
Recommendation 3 Ref: Standard 7.4 Stated: First time To be completed by: 24 September 2016	The registered provider should ensure residents care records are updated to reflect their consent regarding the use of the keypad entry system.	Met
	Action taken as confirmed during the inspection: Records inspected showed that residents had given their consent regarding the use of the keypad entry system.	
Recommendation 4 Ref: Standard 20.6, 20.9 Stated: First time To be completed by: 24 September 2016	The registered provider should ensure the homes Statement of Purpose and Residents Guide are updated to ensure that the use of the restrictions i.e. key pad entry system and CCTV are adequately described.	Met
	Action taken as confirmed during the inspection: The Statement of Purpose and Residents Guide had been updated to reflect the use of the key pad entry system and CCTV.	

<p>Recommendation 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2016</p>	<p>The registered provider should ensure that thorough risk assessments which identify risk should be completed and that reduction and management of such risks should be adequately described.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records inspected contained completed risk assessments including risk reduction measures.</p>		

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met at all times. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and a recently recruited staff member confirmed an induction programme was in place, relevant to their specific roles and responsibilities. Induction records were reviewed during the previous inspection and were found to be completed satisfactorily.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection, this was satisfactory.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory during the previous inspection. No new staff are left in charge of the home.

Staff personnel files were reviewed for two recently recruited staff members who were completing their induction. It was noted that photographic identification was not contained within the two files. One file did not show evidence of a completed health assessment. The need to ensure all relevant information is acquired in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 before making an offer of employment was discussed with the registered manager. A requirement was made.

Enhanced AccessNI disclosures were viewed by the registered manager for the staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager confirmed there were no recent safeguarding investigations. Discussion with the registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors a keypad entry system, and CCTV focused on entry and exits on the home. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety etc.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. It was noted that the paint and décor in a number of bedrooms was in poor condition. A recommendation was made that these should be repainted.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 20 October 2016, the deputy manager confirmed the recommendations were being actioned appropriately.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in October 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as satisfied.

Some comments received from the completed questionnaires were as follows:

- Staff are available to look after us.
- Caring staff, good training.
- Bedrooms would need updated.

Areas for improvement

Two areas for improvement were identified in relation to ensuring all relevant recruitment information is obtained prior to making an offer of employment and also for bedrooms to be repainted.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to maintain special interests including music, and encouraged to access local amenities.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager, residents and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. The most recent meeting was held in October 2016.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as satisfied.

Residents commented in completed questionnaires:

- Very satisfied with staff.
- I feel I am well cared for.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example ensuring written records are maintained securely in the office.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents' meetings, regular audits and satisfaction surveys, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in activities and events. For example these can include beauty therapies, quizzes, and movie nights. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents visit local cafes, and shops some residents attend local day centres.

Residents spoken with during the inspection made the following comments:

- "I like it here, everyone is very kind. The staff all help me, Joanne and Grant are very good."
- "This is an excellent home, it is really good. The staff are very good, no complaints from me".
- "The food is first class, the staff are always about if you need them."
- "I love to go out and meet my family and friends. I like going to church, the staff are very kind. I like it here."

Six completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments included in a returned questionnaire included:

- In all the places I've been this is the best. Lovely staff.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place, a recommendation was made that this should be reviewed and updated to ensure it is in line with legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties.

“The Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Feedback was sought from residents at regular intervals for example in relation to food and activities provided in the home.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular meetings.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Six completed questionnaires were returned to RQIA from residents, representatives, and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments in the completed questionnaires included:

- We have good managers and a good chef.
- Very very satisfied.
- Staff are available, always there. Both are very good managers (registered manager and deputy manager).

Areas for improvement

One area for improvement was identified in relation to the review and updating of the complaints policy and procedure.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Smart, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 21. (1) (b) Stated: First time To be completed by: 8 November 2016	<p>The registered provider must ensure that all relevant information is obtained in keeping with recruitment practices prior to making an offer of employment.</p> <p>Response by registered provider detailing the actions taken: ALL RELEVANT INFORMATION HAS NOW BEEN OBTAINED IN KEEPING WITH RECRUITMENT PRACTICES PRIOR TO MAKING AN OFFER OF EMPLOYMENT.</p>
Recommendations	
Recommendation 1 Ref: Standard 17.1 Stated: First time To be completed by: 1 February 2017	<p>The registered provider should ensure the complaints policy and procedure is reviewed and updated.</p> <p>Response by registered provider detailing the actions taken: THIS HAS BEEN ADDRESSED. THE COMPLAINTS PROCEDURE HAS BEEN ENHANCED. THIS OUTLINES THE TIMESCALES OF REPLY. THE PROCEDURES HAVE NOW BEEN PLACED IN RESIDENTS ROOMS AS WELL AS FRONT FOYER AREA OF THE HOME.</p>
Recommendation 2 Ref: Standard 27 Stated: First time To be completed by: 1 February 2017	<p>The registered provider should ensure the identified bedrooms are repainted.</p> <p>Response by registered provider detailing the actions taken: A FULL PROGRAM OF REDECORATING RESIDENT'S ROOMS WILL COMMENCE IN THE NEW YEAR. THIS IS FOLLOWING ON FROM THE ONGOING REFURBISHMENT WHICH HAS BEEN TAKING PLACE IN THE HOME OVER THE LAST FEW MONTHS.</p>

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