

Inspection Report

4 April 2023



Camlo Homes

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Camlo Homes Responsible Individual: Mr Stephen Emerson	Registered Manager: Mrs Joanne Smart Date registered: 19 July 2022
Person in charge at the time of inspection: Louise Hollinger, person in charge 9 am – 11.30 am Joanne Smart, manager 11.30 am - 4.05 pm	Number of registered places: 29
Categories of care: Residential Care (RC) 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. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: This home is a Residential Care Home which provides health and social care for up to 29 residents. Residents' bedrooms are located over three floors. Residents have access to communal lounges, bathrooms, a dining room and a garden area to the front of the home.	

2.0 Inspection summary

An unannounced inspection took place on 4 April 2023, from 9.15 am to 4.05 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and 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.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

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. Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care.

Four new areas for improvement were identified regarding the allocation of the staffing arrangements, competency and capability assessments, care planning and the general environment.

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.

The findings of this report will provide the manager with the necessary information to 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 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 Mrs Joanne Smart at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "it is good here, we are well looked after", "this is a lovely place, the staff are really nice" and "I am very happy, this is a great place."

All staff spoken to said that the team work and peer support within the team was excellent. one staff member spoke of the "good team support" in the home." Other feedback with regards to staffing levels was mixed and is discussed in detail in section 5.2.1.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments included, "staff are great here, very helpful" and "we are happy with the care given."

After the inspection, seven questionnaires were received from residents, all seven residents confirmed that the care was good, the staff were kind, the home was well organised and they felt safe.

No additional feedback was provided by staff or relatives.

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 28 July 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 01 January 2023	The registered person shall ensure that staff are trained in working with service users with mental health conditions. Ref: 5.2.1 Action taken as confirmed during the inspection: This area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding, Dysphagia and Deprivation of Liberty Safeguards (DoLS). Mandatory training is ongoing in the home with the majority of staff achieving full compliance.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The duty rota did not identify the full names of the staff on duty, this was discussed with the manager and she agreed that going forward she will ensure that full names are recorded, therefore an area for improvement was not identified at this time.

There was mixed feedback from staff regarding staffing levels and arrangements in the home. Some staff indicated they were concerned that care hours were being reduced to help cover domestic shifts. The potential impact of the reduction of care staff was discussed with the manager, who agreed to review the staffing levels in the home. An area for improvement was identified.

Person in charge competency and capability assessments had not been carried out for some time and had not been signed by the person carrying out the assessment. This was discussed with the manager during feedback for action and review. An area for improvement was identified.

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and enjoyed each other's company. One resident told us, "the staff are excellent, they are first class." Other comments from residents included, "the staff are nice" and "the staff here are excellent."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Residents care plans and falls risk assessment were update appropriately.

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 full assistance from staff.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal they enjoyed. Residents commented, "the food here is very good," and "the food is first class, there is plenty of choice."

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display and both residents and staff confirmed that choices for meals were always offered.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

The care plans examined were generic and not person centred, for example specific information on each residents' individual care needs was absent from the plans. This was discussed with the manager for immediate review and action. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and the communal areas were tidy.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were decorated, suitably furnished, and comfortable. Residents told us "the staff keep my room clean", and "my room is cleaned every day, it is great." However, some areas in the home were showing signs of wear and tear. The ceiling in the kitchen requires attention and although the bannisters have recently been painted, the paint has chipped and looks worn. Discussion with the manager established plans for repainting the bannisters were in place, and quotes were being sought to attend to the kitchen ceiling. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was carried out on 20 February 2023, the manager confirmed via email on the 14 April 2023 that all actions have been completed. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) within the home.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE was regularly monitored by the manager and records were kept.

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, residents could have a lie in or stay up late to watch TV. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

Discussion with residents confirmed that they were able to choose how they spent their day. There was a range of activities provided for residents. The range of activities included social, community, and creative events.

Residents also told us that they were encouraged to participate in the homes activities. For example, residents showed us their Easter decorations which they had been working on for the home over the last few weeks.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Joanne Smart has been the manager of the home since 22 July 2022.

There was evidence that a robust 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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concern or complaints they had. One resident told us, "Joanne is excellent, she really listens to us."

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. A review of the records of accidents and incidents which had occurred in the home found that the majority of these were managed correctly and reported appropriately.

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 an absence of relative input in these reports this was discussed with the manager who agreed to address this for the next monitoring visit. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Joanne Smart, 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 Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 25 Stated: First time To be completed by: From date of inspection	The registered person shall review staffing levels to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements. Ref: 5.2.1
	Response by registered person detailing the actions taken: The staffing levels have been reviewed so that there is sufficient cover to provide care to the service users and their needs.
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that competency and capability assessments are carried out with any person who is given the responsibility of being in charge of the home for any period of time. Ref: 5.2.1
	Response by registered person detailing the actions taken: This has been actioned. Assessments have been updated and signed by staff and management. Competency assessment has been reviewed with all persons who may have charge of the home.
Area for improvement 3 Ref: Standard 6.2 & 6.6 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that each resident has an individual, personalised and up to date care plan Ref: 5.2.2
	Response by registered person detailing the actions taken: This has been actioned. All care plans have been updated with a new format that is structured in a individualised way to make it more person centered.

Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Banisters have been repainted. 22/05/23 We have obtained quotes for the kitchen refurbishment. Some items have been purchased that are in stock such as the kitchen ceiling tiles. Work has commenced 23/05/23.

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