



The Regulation and
Quality Improvement
Authority

Camlo Homes
RQIA ID: 1585
3-5 North Parade
Belfast
BT7 2 GF

Inspector: Bronagh Duggan
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**Unannounced Care Inspection
of
Camlo Homes**

5 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 5 November 2015 from 11.00 to 15.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.1 Actions/enforcement resulting from this inspection

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

1.2 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager Mrs Joanne Smart as part of the inspection process. The timescales for completion commence from the date of inspection.

Service details

Registered Organisation/Registered Person: Mrs Lois Emerson Mr Stephen Emerson Mr Campbell Davis Emerson	Registered Manager: Mrs Joanne Smart
Person in charge of the home at the time of inspection: Mrs Joanne Smart	Date manager registered: 01/04/2005

Categories of care: RC-PH, RC-PH(E), RC-A, RC-LD, RC-LD(E), RC-MP, RC-MP (E)	Number of registered places: 29
Number of residents accommodated on day of inspection: 24	Weekly tariff at time of inspection: £470 - £528

2. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' involvement

3. Methods/processes

Prior to inspection we analysed the following records: Notification of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with 16 residents, two care staff, the cook, the deputy manager and the registered manager.

The following records were examined during the inspection:

- Minutes of residents meetings
- Questionnaire responses from residents' and representatives
- Complaints records
- Records of issues raised by residents
- Monthly monitoring reports
- Recruitment information
- Accident and Incident records
- Fire Safety Risk Assessment
- Statement of Purpose.

4. The inspection

4.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 27 May 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (b)	The registered manager must take adequate precautions against the risk of fire at all times. This includes ensuring the smoke room is free from flammable materials.	Met
	Action taken as confirmed during the inspection: The smoking area of the home has been moved to a specially developed outdoor area. The deputy manager confirmed this area had been developed with guidance from the homes fire safety risk assessor.	
Requirement 2 Ref: Regulation 19 (1) (a) Schedule 3 (k)	The registered manager must ensure that care records are consistently maintained which show all care and services provided to residents.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed this requirement had been addressed with staff. Records available from staff meetings confirmed this issue had been discussed at a staff meeting. We reviewed a sample of care records and confirmed they were consistently maintained.	
Requirement 3 Ref: Regulation 27 (2) (b)	The registered person must ensure that maintenance to the ceiling in the identified bedroom is addressed.	Met
	Action taken as confirmed during the inspection: Inspection of the environment confirmed that the ceiling in the identified bedroom has been improved.	

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1	<u>Policy Development</u> The registered manager should ensure that the homes policies relating to dying and death and the management of continence should be reviewed and updated at least three yearly to reflect current best practice.	Met
	Action taken as confirmed during the inspection: The policies relating to dying and death and the management of continence have been reviewed and updated. These contained relevant information.	
Recommendation 2 Ref: Standard 23.4	<u>Training</u> The registered manager should ensure that staff have access to information and educational resources to facilitate training relating to dying and death.	Met
	Action taken as confirmed during the inspection: Information and educational resources relating to dying and death were available in the home for staff to facilitate training.	

4.3 Standard 1: Residents' involvement

4.4 Is care safe? (Quality of life)

In our discussions with the registered manager, deputy manager, and staff they confirmed that individual choices, preferences, and issues of concern identified by residents are listened to and readily acted on. Residents confirmed to us that they had many opportunities to shape the quality of services and facilities provided by the home.

Staff demonstrated a good knowledge of the values of independence, privacy, choice and consent. Staff were aware of the need to consistently uphold these values to underpin the practice of the home. The registered manager shared with us a recent example where an identified resident's care plan and risk assessment was reviewed fully taking into consideration the residents individual choices balanced against identified risks. There was evidence of multi-disciplinary working, supervision and consent from the identified resident.

We reviewed the philosophy of care outlined in the homes Statement of Purpose. This focused on residents quality of life reflected by encouraging independence, choice, decision making, and maintaining links with families and friends.

Is care effective? (Quality of management)

The views and opinions of residents and their representatives were sought formally on an annual basis. This was done by distributing questionnaires. We inspected a selection of returned questionnaires. Areas examined included the home environment, cleanliness, food provided, staff attitudes, making complaints and any other suggestions. The registered manager confirmed any issues identified from the returned questionnaires are addressed by the home.

We made a recommendation that the information obtained on an annual basis should be compiled within a report. Issues raised and any actions to be taken for improvement should also be included. A copy of this report should be made available to residents and their representatives.

We inspected minutes of residents meetings held within the home. These showed that residents have the opportunity to regularly share their views with the management of the home. Audits were also completed on a regular basis to gain residents views in relation to the food provided and the general cleanliness of the home. The registered manager confirmed there is an open door policy within the home whereby residents can easily approach her with any identified issues. This was observed during the inspection.

Residents confirmed to us that they were aware of the complaints procedure in the home. They also confirmed that they are regularly consulted in relation to changes within the home including redecoration, menus, activities, organising day trips and planning the venue for Christmas lunch. Information was also available which showed that residents were involved in the recruitment of new staff.

We inspected a selection of monthly monitoring reports. These demonstrated that residents' views were gathered on a regular basis. The registered manager provided records which showed minor issues raised by residents these also showed what had been done to address the identified issues.

The registered manager confirmed that residents and their representatives would be informed about any planned inspections and would be encouraged to give their views about the home to inspectors.

Is care compassionate? (Quality of care)

In our discussions with the registered manager, deputy manager and staff they confirmed that residents' individual needs and preferences were at the centre of care provision in the home.

From our observations of care practices and interactions between residents' and staff, warm relations were evident. Residents were observed as being treated with dignity and respect. Residents appeared comfortable and relaxed within the home.

Areas for improvement

We identified one area of improvement in relation to this standard. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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4.5 Additional areas examined

4.5.1 Residents' views

We met with 16 residents in the home. In accordance with their capabilities all residents indicated that they were happy in the home, their relationship with staff and the provision of care.

Some comments received from residents included:

- "I am very content here".
- "The food is marvellous. I am getting on well".
- "This is a good home, the staff are very obliging, no complaints from me".
- "The food is really good, we have a great cook".
- "The staff are all very good".
- "I am happy here, I have everything I need".

4.5.2 Staff views

We spoke with two care staff and the cook. The staff members confirmed to us that they were well supported in their respective roles and that they were provided with the relevant resources to undertake their duties. The staff members confirmed residents' views and comments shape the activities and facilities provided by the home.

4.5.3 Accident and incidents

We reviewed the accident and incident notifications since the previous inspection; these had been reported and managed appropriately.

4.5.4 Complaints

We reviewed complaint records maintained in the home. All complaints recorded were handled appropriately by the home.

4.5.5 Fire Safety Risk Assessment

An up to date fire safety risk assessment was in place, fire safety checks and staff training was maintained on an up to date basis.

4.5.6 General Environment

We found the home was warm, clean and tidy with no malodours present. Improvements were noted in the general environment. We discussed with the registered manager the décor of

some resident bedrooms. The registered manager confirmed she was aware of these and that a number of ongoing decorative improvements have been identified.

5. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan			
Recommendations			
Recommendation 1	The registered manager should ensure that the views and opinions obtained on a formal basis from residents and their representatives should be compiled within a report. Issues raised and any actions to be taken for improvement should also be included. A copy of this report should be made available to residents and their representatives.		
Ref: Standard 1.7			
Stated: First time	Response by Registered Person(s) detailing the actions taken:		
To be completed by: 17 December 2015			
Registered Manager completing QIP		Date completed	
Registered Person approving QIP		Date approved	
RQIA Inspector assessing response		Date approved	

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address