



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 May 2019



Camlo Homes

Type of Service: Residential Care Home

Address: 3-5 North Parade, Belfast BT7 2GF

Tel No: 0289064 5127

**Inspector: Bronagh Duggan and Gemma McDermott, Estates
Support Officer**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 29 residents within the categories of care as outlined in Section 3.0 of this report .

3.0 Service details

<p>Organisation/Registered Provider: Camlo Homes</p> <p>Responsible Individual(s): Stephen Emerson Campbell Davis Emerson</p>	<p>Registered Manager and date registered: Joanne Smart 1 April 2005</p>
<p>Person in charge at the time of inspection: Joanne Smart</p>	<p>Number of registered places: 29</p> <p>Maximum of 6 residents accommodated in RC-LD/LD(E), 2 residents in RC-A, 1 resident in RC-PH/PH(E)</p>
<p>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.</p>	<p>Total number of residents in the residential care home on the day of this inspection: 16</p>

4.0 Inspection summary

An unannounced care inspection took place on 7 May 2019 from 10.30 to 17.30 hours.

This inspection was undertaken by the care inspector supported by the estates support officer.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of previous estates and finance inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, staff training, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to residents signing care plans, and one area previously stated has been stated for the second time relating to improving the décor in the dining room.

Residents described living in the home in positive terms.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*2

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 7 December 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 7 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including, finance and estates, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- Staff duty rotas
- Staff training schedule
- Two staff recruitment records
- One staff induction record
- Staff supervision and appraisal schedule
- Three residents' records of care
- Complaint records
- Compliment records
- A sample of governance audits/records
- Accident/incident records from November 2018 to May 2019
- Minutes of staff meetings
- Minutes of residents meetings
- A sample of reports of monthly monitoring reports from February 2019-May 2019
- RQIA registration certificate
- Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- Fire Risk Assessment
- Legionella Risk Assessment
- Inspection and testing report of the Fixed Electrical Installation

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement two were met, one was partially met and has been included in the QIP at the back of this report.

Areas for improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas for improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

We reviewed a sample of completed induction records, discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Records of training, staff appraisals and supervision were reviewed during the inspection. Records showed that these were maintained on an up to date basis. Staff training records showed staff completed fire safety training twice annually.

Discussion with the registered manager confirmed that competency and capability 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. Staff competency and capability information was in place and found to be satisfactory.

We reviewed a sample of two recruitment records; all pre-employment checks had been completed as necessary. AccessNI enhanced disclosures were undertaken as required.

An annual safeguarding position report was in place for the period April 2018 – March 2019. Discussions with staff showed they were knowledgeable and had a good understanding of adult safeguarding principles. Staff were 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.

We reviewed accident and incidents notifications, care records and complaints records; the registered manager advised any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. Written records were retained appropriately in the home.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry system, management of smoking materials etc. In the care records examined the restrictions were reflected appropriately.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records showed 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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 Falls Prevention Toolkit was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

We undertook a general inspection of the home residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Improvements had been made to the environment since the previous inspection. The registered manager confirmed there were plans in place to complete repainting work in the dining room which was identified as an area for improvement during the previous inspection. This has been stated for a second time in the QIP appended to this report. Inspection of the environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal and adult safeguarding.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three care records they included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, smoking where appropriate) were reviewed and updated on a regular basis or as changes occurred. We discussed with the registered manager the template used for the needs assessment and how this could be improved upon. The registered manager advised it would be revised accordingly.

The care records reviewed also reflected the multi-professional input into the residents' health and social care needs and were updated regularly to reflect the changing needs of the individual residents. The need to reflect consent of residents with regard to care records being signed appropriately by residents was discussed with the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded. This was identified as an area for improvement to comply with the standards.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are supported to maintain individual interests like going to the shops, visiting local cafes and church events.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. There were systems in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments. Discussion with the cook and review of records maintained in the kitchen area confirmed relevant information was readily available regarding residents individual dietary needs. The registered manager advised that staff had completed training regarding dysphagia awareness.

During discussion the registered manager and staff confirmed that wound care would be managed by community nursing services. Referrals would be made to the multi-professional team regarding any concerns identified.

The registered manager advised 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 reviews, complaints, environment, medications, and infection prevention and control procedures were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. The benefit of obtaining minutes of care review minutes from the trust representative was discussed with the registered manager to ensure all agreed actions were clearly stated as the manager confirmed the records can be delayed when coming from the referring trust. The registered manager provided evidence that the home maintained copies of their own care review meeting records. Further evidence of audit was contained within the reports of the visits by the registered provider. The registered manager advised the annual quality review report for the home was being completed at the time of inspection.

Discussion with the registered manager and staff 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, and latest RQIA inspection reports, were available on request for residents, their representatives any other interested parties to read.

We could see from review of care records, along with accident and incident reports that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement in relation to ensuring care records were signed appropriately by residents or their representatives.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily interacting with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to.

Staff told us about the activities available and how residents are encouraged to have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection staff and residents shared about a recent outing to see the show Oklahoma. Staff also shared that a number of residents like to visit local shops and cafes.

We looked at the minutes of residents’ meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The registered manager told us that these meetings took place regularly and were done in an informal manner. Feedback was also gathered from residents on a regular basis through audits and residents satisfaction questionnaires. In addition, residents reported that the registered manager and deputy manager were always available to speak to and that there was an open door policy in the home.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home; for example, residents can attend their preferred place of worship if they so wish. Information was displayed in the home for residents for example regarding the daily menu. Residents could also make choices on a daily basis regarding their preferences at meal times. One resident shared how they recently decided on paint and décor for their bedroom, which they were very pleased about. Comments included: “I love it here, I’m really happy. The staff are very nice, I have everything I need here, I’m happy that I got my room done up.”

Another resident shared how they had been supported to access local television from their home nation to the television in their bedroom.

Residents spoken with confirmed they were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents’ meetings, suggestion box, and visits by the registered provider.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were supported both inside the home and in the local community to maintain a good quality of life. One residents stated, “I like it here, it’s better than living on the streets for sure. We are well cared for, the staff are very caring. They go with me to hospital if I have appointments.”

Staff shared their views with regards to working in the home; comments received included: “I enjoy working here, the residents are like part of the family.” Another staff member stated, “I think we have the best of staff here, everyone is very focused on the residents.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents, and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from the registered manager who was supportive and approachable. Staff also shared that they felt supported by the deputy manager in the home. The registered manager described how the focus of care in the home was to support the residents as best as possible.

The registered manager confirmed there were a number of managerial audits completed in the home on a regular basis including, for example, environmental audits, care records, IPC, menus, complaints, and medications. The registered manager advised any areas for improvement identified as a result of the audits were actioned appropriately. The registered manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure staff are equipped to do their jobs. The registered manager advised this information is shared from the deputy manager. The registered manager confirmed that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. There was a complaints policy and procedure in the home. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff shared that they would not hesitate to raise issues with the manager, if needed. Compliments were also recorded and shared with staff. Staff confirmed that they were aware of the homes whistleblowing procedure.

We reviewed the system in place for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident's needs. For example training records maintained in the home showed that staff had completed training in falls awareness and dysphagia. Best practice guidance, for example the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

The registered manager advised there were regular staff meetings and that information was shared with the staff team about any issues arising. Records available in the home confirmed this.

The home was visited by the registered provider's representative each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits from February to May 2019 and found that these were satisfactory. The reports showed evidence of engagement with residents, and staff to get their views on the care in the home; as well as reviewing complaints and information relating to accidents and incidents, safeguarding, the environment and a selection of records maintained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Estates

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 7 August 2019	<p>The registered person shall ensure the identified environmental improvements are made:</p> <ul style="list-style-type: none"> • The paint and décor in the dining area including skirting boards and flooring should be improved upon. <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: THIS HAS NOW BEEN COMPLETED. (THE CEILING HAS BEEN PAINTED; THE LOWER PART OF THE WALL HAS BEEN COVERED WITH WOOD-PANELLING AND PAINTED; THE UPPER SECTION OF THE WALL HAS BEEN WALL-PAPERED; NEW SKIRTING BOARDS HAVE BEEN ATTACHED.)</p>
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: 7 July 2019	<p>The registered person shall ensure care plans are signed by the resident or their representative where appropriate, the member of staff drawing it up and the manager. When a resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: THIS HAS BEEN COMPLETED. WHEN A RESIDENT WAS UNABLE TO SIGN OR CHOOSES NOT TO SIGN, THIS HAS BEEN RECORDED.</p>

Please ensure this document is completed in full and returned via Web Portal



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