



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Unannounced Care Inspection**

**Name of Establishment and ID:** Camlo Homes (1585)  
**Date of Inspection:** 13 November 2014  
**Inspector's Name:** Bronagh Duggan  
**Inspection ID:** IN017517

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Camlo Homes (1585)
<b>Address:</b>	3-5 North Parade Belfast BT7 2GF
<b>Telephone Number:</b>	0289064 5127
<b>Email Address:</b>	johnston-wood5@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mrs Lois Emerson, Mr Stephen Emerson & Mr Campbell Emerson
<b>Registered Manager:</b>	RP01806 - Joanne Smart
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Joanne Smart
<b>Categories of Care:</b>	RC-MP ,RC-MP(E), RC-LD/LD(E), RC-A, RC- PH/PH (E)
<b>Number of Registered Places:</b>	29
<b>Number of Residents Accommodated on Day of Inspection:</b>	24
<b>Scale of Charges (Per Week):</b>	Trust Rates
<b>Date and Type of Previous Inspection:</b>	30 April 2014 Secondary Unannounced Care Inspection
<b>Date and Time of Inspection:</b>	13 November 2014 10:00 am – 6:30 pm
<b>Name of Inspector:</b>	Bronagh Duggan

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12 Individually, 6 in groups.
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	10	0

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not Applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to Become Compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not Compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 – Moving Towards Compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Camlo Homes Residential Care home is situated on North Parade, Belfast within the Belfast Health and Social Care Trust's geographical area close to a range of shops, churches and community facilities including the amenities of a local park and bus service. There is limited off street parking at the front of the home.

The residential home is owned and operated by Mrs Lois Emerson, Mr Stephen Emerson & Mr Campbell Emerson. The current registered manager is Mrs Joanne Smart.

Accommodation for residents is provided in single and double rooms in a three storey building. Access to the first and second floors is via stairs.

Communal lounge and dining areas are provided on the ground floor of the building. The communal lounge looks out on to North Parade, dining areas are split over two areas, the home also has a small break area where residents gather to make tea and coffee.

The home provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 29 persons under the following categories of care:

### Residential 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
A	Past or present alcohol dependence

## 8.0 Summary of Inspection

This primary unannounced care inspection of Camlo Homes was undertaken by Bronagh Duggan on 13 November 2014 between the hours of 10:00 am – 6:30 pm. Mrs Joanne Smart registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that four of the requirements and five of the recommendations from the previous inspection had been addressed. One requirement and one recommendation from the previous inspection have been reiterated following this inspection. The detail of the actions taken by Mrs Smart can be viewed in the section following this summary.

Prior to the inspection on 13 November 2014 Mrs Smart completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Smart in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

### **8.1 Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected staff responsibilities and how to manage potentially dangerous situations. The policy also outlined who to inform when restraint is used. A recommendation was made that the homes policy and procedure is developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Camlo Homes was substantially compliant with this standard.

### **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. A recommendation has been made that the level of activities provided in the home should be increased to ensure structure for residents on a daily basis a further recommendation was made that the programme of activities display should be made larger and more visually stimulating to ensure residents are aware of what activities are planned.

The programme identified that activities were provided three times per week, activities provided were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. A third recommendation was made that residents should be invited to express their views on possible activities for the home on a regular basis through discussion at regular residents meetings. The home employed an activity coordinator for six hours each week. A selection of materials and resources were available for use during activity sessions. Appropriate

systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Camlo Homes is substantially compliant with this standard.

### **8.3 Resident and Staff Consultation**

During the course of the inspection the inspector met with residents, and staff. Questionnaires were also provided for staff to complete and return to RQIA following the inspection. There were no visiting representatives or professionals to the home on the day of the inspection.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

During the inspection discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. No completed questionnaires were returned to RQIA following the inspection.

Comments received from residents, and staff are included in section 11.0 of the main body of the report.

### **8.4 Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The registered manager informed the inspector the home is currently in the process of a refurbishment programme; furniture was observed being replaced during the inspection and work was being undertaken in a bathroom on the first floor. In relation to residents bedrooms a recommendation was made that these are personalised to reflect residents individual interests as a number of bedrooms were found to be sparsely decorated. A second recommendation was made that a partition is provided for the identified double bedroom thus ensuring privacy for residents. A requirement was made that maintenance to the ceiling in the identified bedroom is addressed, the registered manager informed the inspector the home is in consultation with the resident's care manager to ensure an agreement can be made in relation to the storing of the residents personal belongings.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.



One requirement and six recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, deputy manager and staff for their assistance and co-operation throughout the inspection process.

### 9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 30 April 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (3)	<p>The registered manager should carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his / her absence.</p> <p>The registered manager should confirm that the two remaining staff have had this assessment completed. (standard 25.3)</p> <p><b>This is reiterated for the third time. Failure to satisfactorily meet this requirement may result in the Authority initiating enforcement action.</b></p>	The competency and capability assessments have been completed for the two remaining staff members. These were reviewed by the inspector and found to be satisfactorily completed.	Compliant
2.	30 (1) & (2)	<p>The registered person shall give notice to the RQIA without delay of the occurrence of any- (d) any event in the home which adversely affects the care, health, welfare or safety of any resident; (g) any allegation of misconduct by any person who works at the home; (2) Any notification made in accordance with this regulation which is given orally shall be</p>	Records viewed in the home were cross referenced with notification information provided to RQIA. The information available showed that the home were providing the information as required however it was noted that on one occasion the home did not report the notification within three working days this issue was discussed with the registered manager and the time periods were reiterated.	Compliant

		confirmed in writing within three working days of the oral report.  <b>This requirement is reiterated.</b>		
3.	20 (1) (a)	The registered person shall ensure that all the persons employed at the home receive appraisal appropriate to the work they perform.  (standard 24.2)  <b>This requirement is reiterated.</b>	Review of appraisal records and discussion with the registered manager showed that the majority of staff had received an appraisal with two remaining outstanding.  This requirement is reiterated.	Substantially Compliant
4.	20 (2)	The registered person shall ensure that all persons working in the home are appropriately supervised.  (standard 24.5)  <b>This requirement is reiterated.</b>	Supervision records in the home were reviewed these showed that all staff members had received supervision within the appropriate timeframes.	Compliant
5.	19 (3) (b)	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority.	The registered manager informed the inspector that a system has been introduced so that all records in the home are available for inspection by any person authorised by the Regulation and Improvement Authority.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	19.4	<p>The registered person is recommended to ensure that records are held which verify that staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p> <p>The registered manager should confirm that this has been carried out.</p>	<p>Review of a selection of staff recruitment files showed that staff had been issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p>	Compliant
2.	19.5	<p>The registered person is recommended to ensure that records are held which verify that staff are issued with job descriptions on appointment.</p> <p>The registered manager should confirm that this has been carried out.</p>	<p>Records were not available to verify that staff are issued with job descriptions on appointment.</p> <p>This recommendation has been reiterated.</p>	Not Compliant
3.	19.6	<p>The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible.</p> <p>The registered manager should provide a summary of action taken.</p>	<p>The registered manager informed the inspector that residents have an active role in the recruitment process through welcoming interviewees and showing them around the home.</p>	Compliant

4.	27.1	A detailed cleaning schedule should be developed and implemented to ensure all areas of the home are regularly cleaned. A copy should be forwarded to the inspector.	A cleaning schedule was on display in the home the information recorded on the schedule was up to date. There was a notable improvement in the overall cleanliness of the home.	Compliant
5.	25.8	There should be a record available to show staff have read and understood the minutes of staff meetings if they are not able to attend in person, thus to ensure staff are fully aware of any decisions or changes in the home.	Records were available which showed staff members not present at staff meetings had read and understood the minutes of team meetings.	Compliant
6.	E26	The identified chair should be removed and replaced from the specified bedroom.	The identified chair has been removed and replaced.	Compliant
7.	21.5	All policies and procedures in the home should be systematically reviewed on a three yearly basis.	The homes policy and procedure manual was reviewed this showed that all information was up to date, policies and procedures had been reviewed and updated where necessary.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
Staff are familiar with the residents within the home and have knowledge and understanding based upon the person centred care delivered. Staff are aware of each resident's usual conduct and behaviour and the various modes and means of communication which the resident prefers. Any response or interventions by staff are carried out in such a way as to promote and engender positive outcomes for the residents.	Substantially compliant
<b>Inspection Findings:</b>	
The home had a policy and procedure titled Responding to Residents Behaviour (2014) in place. A review of the policy and procedure identified that it outlined staff responsibilities and how to manage potentially dangerous situations. The policy also outlined who to inform when restraint is used. A recommendation was made that the homes policy and procedure is developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).  Observation of staff interactions with residents identified that informed values of dignity and respect and implementation of least restrictive strategies were demonstrated.  A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Managing Challenging Behaviour in May and June 2014.  A review of four residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.	Substantially Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><b>Criterion Assessed:</b>                  10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>If there is a change in a resident's behaviour which is uncharacteristic and/or causes concern, staff are fully aware of the steps to take and will seek to find the reason for such a change; any change is immediately reported to the senior person on duty and/or the Registered Manager of the home.                  Based upon professional judgement, and if deemed appropriate, the relevant professionals and/or services would be contacted with regards having input.                  The resident's representative or next of kin would be kept informed throughout.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified care/ treatment.</p> <p>A review of the records confirmed that relevant agencies had been informed appropriately.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b> When a resident is in need of a constant approach or response from staff this would be detailed in the resident's care plan accordingly. Where appropriate with the resident's consent the resident's representative and/or next of kin is informed at all stages.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b> A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b> Currently no residents are on a specific behavioural management programme but if a resident has a specific behaviour management programme then this is drawn up in conjunction and consultation with the appropriate professional staff as well as the resident and their representative and forms an integral part of the resident's care plan from which the staff operate.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b> The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	<p>Not Applicable</p>



<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Currently no residents require a behaviour management programme but staff are provided with the appropriate training and guidance and support to be able to meet the behavioural management plans which are in place for a particular resident.</p>	Substantially compliant
<p><b>Inspection Findings:</b> A review of staff training records evidenced that staff had received training in managing challenging behaviours in May and June 2014. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. If a behaviour management programme were in place the inspector is satisfied staff would have the knowledge and support to follow it.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Any events which are managed outside the scope of the care plan are recorded and reported to the relevant professionals and/or services as well as the resident's next of kin or representative. If deemed necessary by the senior staff within the home a multi-disciplinary review of the particular resident's care plan will be arranged, with the care plan modified and implemented as required and all parties kept up to date.</p>	Substantially compliant
<p><b>Inspection Findings:</b> A review of the accident and incident records from April to October 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.  The registered manager and staff confirmed during discussions that when any incident was managed outside</p>	Compliant

<p>the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The practice of restraint is not used within the home.</p>	Not applicable
<p><b>Inspection Findings:</b></p>	
<p>A review of records, discussions with residents, the registered manager and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	Not Applicable

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
The home has recently updated the programme of activities and events. These include games, art & craft, movie time, shopping, bingo with prizes, day trips, beauty & pamper days, and they can also avail of church services if they desire. These activities and events provide the residents with positive stimulation and is based on their individual needs and interests.	Substantially compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated October 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents had recently benefited from additional activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>There are activities organised for each week for the residents. These are designed to meet their needs so that they are not only enjoyable but they are purposeful and culturally appropriate also taking into account their spiritual needs. The home regularly organises activities such as day trips and game times etc. The timing of these are flexible to meet the wishes and needs of the residents.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised three times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' individual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. A recommendation has been made that the level of activities provided in the home should be increased to ensure structure for residents as on the day of the inspection there were no activities planned. Residents spoken with informed the inspector they enjoyed participating in activities when they occurred.</p>	Moving towards compliance
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Where possible, if a resident determines to stay in their room and does not participate in group activities, their needs are catered for by the development of individual programmes of activities e.g. going out for one to one coffee times. However, some residents choose not to participate in any activities and we respect their right to make that choice.</p>	Substantially compliant

<b>Inspection Findings:</b>	
A review of records in the home showed that activity assessments had been carried out with residents in the home; records were available to show that eight residents had refused to participate in activities. A recommendation has been made that residents are invited to express their views on possible activities for the home on a regular basis through discussion at regular residents meetings.	Substantially Compliant
<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The home's programme of activities is displayed in the front hall of the home on the resident's notice board. They are displayed in a format which the residents can easily read and understand. The residents and their representatives can see what and when different activities are available and when they are scheduled.	Substantially compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the front hallway of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that there were no activities planned on the day of the inspection, residents talked about a party planned for the end of the week. As recommended in 13.2 more planned activities should be available for residents to participate in on a regular basis providing greater structure for residents.</p> <p>A recommendation has been made that the programme of activities display is made larger and more visually stimulating to ensure residents are aware of what activities are planned.</p>	Moving towards compliance

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Any resident who participates in the activities organised by the home is fully assisted to take part through the provision of equipment via support from staff and others attending or taking part.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The home employs an activity co coordinator for six hours each week.</p> <p>The activity coordinator informed the inspector that they were currently looking at opportunities for residents to become more actively involved, a range of equipment was available in the home this included board games, arts and crafts materials, music DVD's , an organ in the main sitting room and knitting materials.</p>	Substantially Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Activities organised by the home are tailored in such a way as to take into account the abilities of the residents in terms of concentration as well as their physical and mental ability.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The activity co coordinator, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that the sports development network and local musicians are employed to deliver their services in the home, activities include, armchair exercises, ball games, and musical events. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Where an activity is provided by a person contracted-in to do so by the home, staff inform them (maintaining confidentiality) of any changed needs prior to the activity commencing. The activity coordinator is informed that timely feedback is important.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Records are maintained of activities which take place within the home.	Substantially compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The home's programme of activities has recently been redeveloped and the home endeavour to review this at least twice annually to ensure that the changing needs of the residents within the home are met.	Substantially compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that it had been redeveloped from September 2014, this is commendable the registered manager and activities therapist informed the inspector that the programme shall be reviewed regularly.</p> <p>The registered manager and activity coordinator confirmed that planned activities would be changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Substantially Compliant



<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

## **11.0 Additional Areas Examined**

### **11.1 Residents Consultation**

The inspector met with twelve residents individually and with six others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- “This is the best of the best here, staff are very good”.
- “The food is excellent, I can’t complain about anything”
- “Of all the places that I have lived, the staff here have been the best”.
- “I like to go out to the shops and play bingo”.
- “This is a great place, staff are good”.

### **11.2 Relatives/Representative Consultation**

There were no visiting relatives or representatives available to meet with the inspector.

### **11.3 Staff Consultation**

The inspector spoke with three staff during the inspection; no questionnaires were completed by staff following the inspection. Discussions with staff identified that they were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident’s behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- “This is a really good place to work”.
- “The management are very good, very approachable”.

### **11.4 Visiting Professionals Consultation**

There were no visiting professionals in the home on the day of the inspection.

### **11.5 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

## **11.8 Environment**

The inspector viewed the home accompanied by a staff member and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The registered manager informed the inspector the home is currently in the process of a refurbishment programme; furniture was observed being replaced during the inspection and work was being undertaken in a bathroom on the first floor. In relation to residents bedrooms a recommendation was made that these are personalised to reflect residents individual interests as a number of bedrooms were found to be sparsely decorated. A second recommendation was made that a partition is provided for the identified double bedroom thus ensuring resident's privacy. A requirement was made that maintenance to the ceiling in the identified bedroom is addressed, the registered manager informed the inspector the home is in consultation with the resident's care manager to ensure an agreement can be made in relation to the storing of the residents personal belongings.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

Where appropriate a 'patient experience questionnaire' was completed with residents who currently reside in the home under a Guardianship Order. The completed questionnaire was forwarded to the Mental Health Team in RQIA for information.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 28 July 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 23 September 2014. The records also identified that an evacuation had been undertaken on 23 September 2014. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Joanne Smart registered manager. Mrs Smart confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Smart, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Camlo Homes

13 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Joanne Smart either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20 (1) (a)	<p>The registered person shall ensure that all the persons employed at the home receive appraisal appropriate to the work they perform.</p> <p>This requirement is reiterated.</p> <p>Ref: 9.0</p>	Three	<p>A NEW PROGRAM OF STAFF APPRAISAL AND SUPERVISION HAS BEGUN; THE PLAN IS TO UNDERTAKE ONE SUPERVISION ON EACH STAFF MEMBER BEFORE END OF JUNE 2015. 50 % OF STAFF WILL HAVE RECEIVED THEIR APPRAISAL BY THIS TIME AS WELL.</p>	7 January 2015
2.	27 (2) (b)	<p>The registered person must ensure that maintenance to the ceiling in the identified bedroom is addressed.</p> <p>Ref: 11.8</p>	One	<p>A MEETING WAS SET UP WITH THE NEW CARE MANAGER, APPOINTED TO THIS CLIENT. THIS TOOK PLACE 19<sup>th</sup> JANUARY 2015. A DISCUSSION LOOKING AT HOW TO TAKE THIS SITUATION FORWARD ENSUED. AMONGST OTHER ASPECTS HAVING THE ROOM REDECORATED AND REFURBISHED WAS EXPLORED.</p>	4 March 2015

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(s)	Timescale
1.	19.5	<p>The registered person is recommended to ensure that records are held which verify that staff are issued with job descriptions on appointment.</p> <p>This recommendation has been reiterated.</p> <p>Ref: 9.0</p>	Two	THIS IS NOW IN PLACE. A LIST IS INCLUDED IN INDIVIDUAL STAFF FILES HIGHLIGHTING WHAT NECESSARY DOCUMENTATION THE FILE CONTAINS.	7 January 2015
2.	10.1	<p>The homes policy and procedure on Responding to Residents Behaviour should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p> <p>Ref: 10.0</p>	One	WE HAVE OBTAINED A COPY OF THE DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). THIS IS CROSS REFERENCED WITH OUR OWN POLICY. A COPY IS RETAINED IN THE MAIN OFFICE. AVAILABLE FOR STAFF TO ACCESS.	18 February 2015



3.	13.2	<p>The level of activities provided in the home should be increased to ensure structure for residents on a daily basis.</p> <p>Ref: 10.0</p>	One	<p>WE HAVE RECENTLY EMPLOYED A NEW ACTIVITY COORDINATOR TO TAKE COMPLETE RESPONSIBILITY FOR PROVIDING A PROGRAM OF ACTIVITIES FOR THE RESIDENTS. THE COORDINATOR IS COMPLETING A FAMILIARISATION PROCESS WITH THE RESIDENTS. MANAGEMENT ARE CONFIDENT THAT THIS PERSON HAS THE NECESSARY SKILLS TO ENSURE THAT THE EXISTING PROGRAM IS ENHANCED.</p>	18 February 2015
4.	13.3	<p>Residents should be invited to express their views on possible activities for the home on a regular basis through discussion at regular residents meetings.</p> <p>Ref: 10.0</p>	One	<p>A RESIDENT MEETING IS SCHEDULED FOR TUESDAY 20<sup>th</sup> JANUARY 2015. A NOTICE OF INTENT HAS BEEN DISPLAYED AND RESIDENTS HAVE BEEN MADE AWARE OF THE EVENT.</p>	18 February 2015

5.	13.4	The programme of activities display should be made larger and more visually stimulating to ensure residents are aware of what activities are planned.  Ref: 10.0	One	THE NEW ACTIVITY COORDINATOR IS REVIEWING THE TAOTAL ACTIVITY PROGRAM AND PLANS TO RENEW THE FORMAT.	18 February 2015
6.	Good practice	Resident's bedrooms should be personalised and made homely to reflect resident's individual interests.  Ref: 11.8	One	THE MANAGER AND CARE STAFF HAVE CONSULTED WITH THE RESIDENTS REGARDING THEIR BEDROOMS, SEEKING THEIR PREFERENCES ON PICTURES ETC. A PROGRAM HAS BEEN FORMULATED TO ENHANCE THE ROOMS.	18 February 2015
7.	N20	A partition should be provided for the identified double bedroom thus ensuring resident's privacy.  Ref: 11.8	One	THE ROOM PARTITION HAD BEEN PLACED IN A WARDROBE AT THE TIME OF THE INSPECTION. (IT REMAINS IN THEIR ROOM, ALTHOUGH NEITHER RESIDENT WANTS TO USE IT).	18 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	JOANNE SMART
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	STEPHEN EMERSON

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	26.1.15
Further information requested from provider			