



Unannounced Care and Estates Inspection Report 19 and 25 January 2021



Camlo Homes

Type of Service: Residential Care Home (RCH)

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

Tel No: 0289 064 5127

Inspector: Gillian Dowds and Gavin Doherty

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 residential care home registered to provide residential care for up to 29 residents.

3.0 Service details

Organisation/Registered Provider: Camlo Homes Responsible Individual(s): Stephen Emerson	Registered Manager and date registered: Joanne Smart – 1 April 2005
Person in charge at the time of inspection: Joanne Smart	Number of registered places: 29
Categories of care: Residential Care (RC) PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence. LD – Learning disability. LD (E) – Learning disability – over 65 years. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 22

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- personal protective equipment (PPE)
- the internal environment and infection prevention and control (IPC)
- care delivery
- care records
- governance and management arrangements.

During the inspection RQIA identified significant concerns regarding recruitment practices, the registration status of the manager with a professional body and the governance and senior management oversight in the home.

As a consequence, a meeting was held via teleconference on 27 January 2021 with the intention of issuing three failure to comply notices and a Notice of Proposal to place conditions on their registration. The failure to comply notices related to breaches in the Residential Care Homes Regulations (Northern Ireland) 2005:

Regulation 9(2) relating to the managers lapsed professional registration
 Regulation 10(1) relating to the manager / senior manager oversight in the home
 Regulation 21 relating to the recruitment processes in the home.

The meeting was attended by Mr Stephen Emerson, responsible individual, Joanne Smart, manager and Grant Johnston-Wood, deputy manager.

At the meeting the registered persons discussed the concerns which had been identified during the inspection and offered explanations as to how these had occurred. The registered persons informed RQIA of the actions that would be put in place to prevent a recurrence of the deficits identified.

The responsible individual assured RQIA that the manager had stepped down from her substantive post and would be continuing in the home with administrative duties until she meets the standards for registration as manager. It was confirmed that the deputy manager would take over role as acting manager during this time. Adequate assurances were provided in relation to the recruitment processes in the home. Assurances were provided in regards to the management and senior management oversight in the home and this included the recommencement of the regulation 29 monthly monitoring visits. The failure to comply notices were not issued.

However, due to the potential length of time that it will take for the manager to satisfy the requirements for registration with RQIA, a Notice of Proposal was issued to impose the following condition on the registration:

1. The Responsible Person must ensure that a manager is appointed who satisfies the requirements for registration with RQIA as soon as reasonably practicable. This will be kept under review by RQIA.

Despite enforcement action being taken, areas of good practice were identified in relation to the care provided to the residents, staff displaying a warm and friendly attitude to the residents the provision of meals in the home and the resident meetings in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joanne Smart manager and Grant Johnston-Woods deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection

A notice of proposal to impose conditions on the homes registration was issued:
 NOP Ref: NOP000044

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven residents, and three staff. Ten residents' / relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The inspector provided the registered manager with 'Tell Us' cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 11 January 2021 to 24 January 2021
- staff training records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three residents' care records
- two staff recruitment files
- staff induction records
- fire risk assessment
- legionella risk assessment
- covid-19 information file
- RQIA registration certificate.

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 areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 December 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were met by the staff that were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home.

On the day of the inspection we observed that staffing levels were satisfactory and residents' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of residents were met. We reviewed the duty rotas for the period 11 January 2021 to 24 January 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoke positively about working in Camlo Homes and a discussion with the activities therapist advised us on the difficulties faced by residents during the pandemic and how they have adapted the activities in recent times. She discussed the introduction of regular residents' meetings and has encouraged the residents to be involved in the decision making and planning of the activities. A review of the activity records evidenced that residents were involved in the menu planning for Christmas and also residents were assisted to the local shops to ensure they are aware of the social distancing guidance for use of face masks and hand sanitisation when they visited.

6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on Covid-19. We observed that PPE and hand washing facilities were readily available.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were compliant with wearing PPE. The manager advised that there no issues with obtaining stock. Records reviewed evidenced that that the residents and staff were having their temperatures recorded as directed by the current Department of Health (DOH) guidelines.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home's environment, undertaking observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. Some areas of the home required refurbishment. We discussed this with the manager who advised that refurbishment was

identified for areas in the home however no formal plan was in place. This was discussed further at the meeting with RQIA and a formal refurbishment plan was to be submitted to RQIA.

A premises inspection was undertaken on 25 January 2021 to further assess the environment and the policies and procedures in place relating to the physical premises.

The fire risk assessment had been undertaken by a suitably registered assessor and had been fully implemented by the home. However, this was due for review on 16 November 2019, but this review has not happened. The home subsequently confirmed that the fire risk assessment was reviewed on 5 February 2021 and will be fully implemented within the stipulated time scales. The fire detection and alarm system, emergency lighting installation and portable fire-fighting equipment are all fully maintained and subject to comprehensive in-house checks. The fire alarm panel was recently replaced and the smoke detectors are currently on a rolling replacement contract.

The most recent legionella risk assessment was undertaken in September 2018 and has been fully implemented by the home. The home's maintenance man and deputy manager spoke knowledgeably concerning the control measures that are in place and showed records indicating that these are well maintained. Consideration should be given to reviewing this risk assessment in accordance with current best practice guidance.

The home currently has 5 shower rooms of which 3 are currently fully functional. These 3 shower rooms have thermostatically controlled electric showers in place. The 2 shower rooms on the top floor of the home currently have mixer showers linked to the hot and cold water system. These provide insufficient pressure and are not therefore used at present. The home is planning to replace and refurbish these 2 showers with thermostatically controlled electric shower units which will solve this problem.

The home has no lift and hoists are not required by any residents. All other mechanical and electrical services are well maintained. The home's fixed electrical installation is now due for periodic inspection. This will be undertaken when the new electrical supply for the proposed showers on the top floor is being installed.

The redecoration/refurbishment of the home was discussed with Mr Stephen Emerson and his design consultant at the close of the inspection. Mr Emerson agreed that the home was 'tired' and he gave a commitment to produce a suitable time bound refurbishment program for the premises. This refurbishment schedule was forwarded to RQIA on 4 February 2021 for comment prior to implementation.

Measures had been put in place to maintain social distancing for residents where possible and one of the staff advised that residents' meal times were staggered to ensure social distancing. We observed the home was generally clean and tidy and we were advised that a cleaning schedule was in place for the enhanced cleaning within the home. We observed that some of the mattresses needed to be replaced. This had been identified already by the manager, as evidenced in the mattress audit; a schedule was in place to replace them.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visitors were required to have their temperature checked; complete a self-declaration form and wear a facemask before entering the visiting room from outside of the home.

6.2.4 Care delivery

Residents looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat residents with respect and to talk to them in a friendly and pleasant manner. Residents spoken with commented positively about the care they received; they told us:

- “Superb they look after me well”
- “I like it here.”
- “I wouldn’t go anywhere else”
- “We are like one big family.”
- “We are very lucky, very good staff and the management is excellent.”

The food on offer at lunchtime looked appetising and was well presented. Residents were offered assistance in a timely manner and staff demonstrated knowledge of their likes and dislikes. The dining experience was calm and unhurried.

Staff spoken to advise that the serving of lunch had been split into two sittings to allow for social distancing in the dining room and a one way system was in place.

Residents spoke positively about the meal and described the food as;

- “Tasty”
- “Dead on, good.”
- “Gorgeous.”

6.2.5 Care records

A review of three residents’ care records evidenced care plans were in place to direct the care however the risk assessments in place for two residents who required a modified diet were not reflective of the International Dysphagia Diet Standardisation (IDDSI) terminology. We confirmed with the manager that all residents were receiving the correct diet consistency and that the documentation required to be updated. An area for improvement was identified

The records reviewed reflected a multi-disciplinary input into the residents’ health and social care needs and were updated regularly to reflect the changing needs of the residents. There were systems in place to record the residents’ weights and there was a system in place to refer residents to dieticians, and speech and language therapist (SLT) as required.

We were advised by the manager that wound care would be managed by the community nursing team and that none of the residents required wound care at that time.

6.2.6 Governance and management arrangements

We reviewed a sample of governance audits, these audits included hand hygiene, PPE compliance and infection control and of the incident and accidents in the home. On review of the care plan audit, for example, if a deficit was identified then an action plan was developed. However there was no evidence that the actions had been carried out to address the deficit. We discussed this with the manager and an area for improvement was identified.

We reviewed the system in place to ensure staff were appropriately registered with NISCC and also the NMC. We observed that staff were registered with NISCC however, it was evidenced that the managers NMC registration had lapsed. This was discussed at the meeting with RQIA. Assurances were provided that the manager would take measures to enable her to register with the NMC again. RQIA were concerned that this would take a protracted period of time and a Notice of proposal to put a condition on the home's registration was issued to ensure that this is completed as soon as reasonably practicable. RQIA will continue to monitor their progress toward meeting this condition.

We reviewed the recruitment processes in the home on the day of inspection and a variety of deficits were observed:

- one staff member had no current Access NI
- only one reference in place in one file and in the second file a reference was not sought from the staff members most recent employer
- gaps in recruitment was not explored
- no medical assessment was in place.

On the day of inspection the staff member was withdrawn from duty until a satisfactory Access NI was in place and a referral was made by the home to the Adult Protection Gateway Team in the Belfast Health and Social Care Trust to advise them of this.

The induction documentation for the two staff members were also unavailable to view on the day of inspection. However we were advised these had been completed.

The deficits in the recruitment processes was discussed at the meeting held on 27 January 2021 and appropriate assurances were given and accepted by RQIA. An updated copy of the recruitment checklist was submitted following the meeting for review. Adhering to this checklist should reduce the risk of any recurrence.

Staff training records were reviewed and due to the ongoing covid-19 pandemic the management had developed a training resource file for staff to read and complete to update their mandatory training. On review of the records this evidenced a small number of staff had completed it. The manager advised us that face to face training had subsequently been arranged for the staff to attend. This will be reviewed at the next inspection.

A review of records pertaining to the regulation 29 monthly monitoring visits evidenced that these visits had not been completed since February 2020 this was discussed with the manager who advised that they had been put on hold due to the pandemic, however the responsible individual visited the home frequently. No documentation of these visits was available. While RQIA appreciated that footfall into homes had been kept to a minimum during the Covid-19 pandemic there was an expectation that alternative arrangements would be implemented such as virtual visits and or telephone calls to staff residents and relatives. This also was discussed further at the meeting and adequate assurances were provided in relation to the oversight in the home and that the monthly monitoring visits by the responsible individual and management consultant were to be recommenced. A copy of the Regulation 29 report was received by RQIA for the month of January.

Areas of good practice

Areas for good practice were observed in relation to staff awareness and usage of PPE. The staffs' knowledge of resident's needs. Further areas of good practice were identified in relation to the dining experience in the home and the residents' meetings.

Areas for improvement

Areas for improvement were identified in relation to the physical environment, care records and the auditing processes. Further areas for improvement were identified in relation to the monthly monitoring visits and recruitment of staff.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

The residents were well presented and appeared content in their surroundings. Staff were aware of their residents' needs and also were observed treating them with kindness and respect. Areas for improvement were identified in relation to the use of IDDSI terminology and auditing process. Further areas for improvement were identified in relation to the monthly monitoring visits, recruitment of staff and the physical environment.

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, manager and Grant Johnston –Wood deputy 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 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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time To be completed by: 30 November 2021	<p>The registered person shall ensure that the refurbishment plan for the premises is fully implemented without further delay. Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Due to current restrictions we are hoping to commence work on our refurbishment plan at the beginning of May 2021. This will take into account all residents and staff who will have received their 2nd Covid vaccination (taking place on 1st April 2021). We then feel it would be appropriate to allow contractors i.e. painters & decorators etc. to enter the home. In the meantime our maintenance man is going to commence work to both main front doors. Mr. Emerson, the proprietor, has begun purchasing soft furnishings etc. which will be held in storage until the decorating is completed.</p>
Area for improvement 2 Ref: Regulation 21 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure all appropriate checks and relevant documentation is in place prior to a staff member commencing employment in the home. Ref:6.2.6</p> <p>Response by registered person detailing the actions taken: All appropriate checks and documentation is now and will be in place prior to any staff commencing employment. A revised pre-employment checklist has been drawn up (this has been previously submitted to RQIA). This will ensure there are no errors or oversights.</p>
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure the monthly monitoring reports are consistently completed and shall include details of the proposed refurbishment plan. Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The monthly monitoring REG 29 visits are currently being undertaken by Mr. Emerson. More specific details of the proposed refurbishment plan will be included in the March REG 29 visit. (Mr. Emerson has been liaising with Gavin Doherty (RQIA Estates inspector) regarding the plan.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 2 April 2021	<p>The registered person shall ensure that care records are reflective of the current SLT guidelines using the IDDSI terminology.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All care records for the 5 people with Swallowing difficulties have been corrected and adhere to current SLT guidelines using IDDSI terminology.</p>
Area for improvement 2 Ref: Standard 20 Stated: First time To be completed by: 2 April 2021	<p>The registered person shall ensure when an action plan is developed following the auditing process any improvements made/ actions taken must be clearly documented and signed as complete.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Any action plans developed following auditing are now documented and signed as complete. All care plan updates have been audited, comments made or suggestions have been signed off.</p>

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



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