Unannounced Care Inspection Report
24 June 2016

Camlo Homes

Type of Service: Residential
Address: 3-5 North Parade, Belfast, BT7 2GF
Tel No: 028 9064 5127
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Camlo Homes took place on 24 June 2016 from 10:30 to 17:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Five areas of improvement were identified. One requirement was made relating to fire safety. Four recommendations were made. These related to the review and updating of the home's policy and procedure regarding adult safeguarding and the development of a policy and procedure regarding the use of CCTV for the building. Care records should also be updated to reflect residents consent regarding the use of the keypad entry system on the front door. The home's Statement of Purpose and Residents Guide should also be updated to reflect the use of the key pad system and CCTV.

Is care effective?

One area of improvement was identified. This related to the completion of thorough risk assessments. There were examples of good practice found throughout the inspection in relation to multi professional input, records stored securely and regular audits being completed.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, regular audits, management of accidents and incidents and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Grant Johnson Wood, deputy 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Mrs Lois Emerson, Mr Stephen Emerson, Mr Campbell Davis Emerson	**Registered manager:** Mrs Joanne Smart
Person in charge of the home at the time of inspection: Mr Grant Johnson Wood	**Date manager registered:** 01April 2005
Categories of 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	**Number of registered places:** 29

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report, notifications of accidents and incidents submitted to RQIA since the previous inspection, the returned Quality Improvement Plan (QIP) and complaints returns.

During the inspection the inspector met with 16 residents, two care staff, one domestic staff and the deputy manager.

The following records were examined during the inspection:

- Three care records
- Two staff recruitment files
- Staff Training records
- Competency and capability information
- Staff induction records
- Minutes of residents meetings
- Minutes of staff meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drills and safety checks information
- Resident questionnaire responses
- Accidents and incidents
- Policies and procedure manual
- Audit reports

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the requested timescale. These included five from residents, three from staff and one from a representative.

One staff questionnaire response highlighted issues around staffing between the hours of 17:00 and 20:00. This information was shared with the registered manager who confirmed staffing levels were frequently reviewed and adjusted accordingly. All other responses indicated satisfaction with the care provided.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 November 2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the medicines management inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 05 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 1.7 **Stated:** First time	The registered manager should ensure that the views and opinions obtained on a formal basis from residents and their representatives should be compiled within a report. Issues raised and any actions to be taken for improvement should also be included. A copy of this report should be made available to residents and their representatives.	**Met**
	Action taken as confirmed during the inspection: A copy of this report was forwarded to RQIA following the previous inspection. This showed a breakdown of quality improvement initiatives and associated actions. The deputy manager confirmed a copy of the report is made available for residents and representatives.	

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. During the inspection one staff member shared that staffing levels could be better between the hours of 17:00 and 20:00 when two staff members are usually on duty. One returned questionnaire response also raised the same concern. This issue was discussed with the registered manager following the inspection. The registered manager confirmed that staffing levels were continually reviewed.

On the day of inspection the following staff were on duty –

- 1 x Deputy Manager
- 1 x Senior Care Assistant
- 2 x Care Assistants
- 1 x Domestic Assistant
- 1 x Cook

Review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The deputy manager and staff confirmed that competency and capability assessments 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; a record of competency and capability assessments was retained. This information was contained within a booklet which outlined competencies required; staff had completed this appropriately.

Discussion with the deputy manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

An adult safeguarding policy and procedure was in place. A recommendation was made that the policy should be revised and updated to reflect new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015. This should include the name of a safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all 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.

Discussion with the deputy manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment was obtained prior to admission of residents to the home. Care needs assessments were reviewed and updated on a regular basis or as changes occurred. As described in section 4.4 of this report, improvement was needed in relation to the completion of risk assessments for residents.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager confirmed that some areas of restrictive practice were employed within the home, notably a keypad entry system and CCTV which covers the entrances and exits of the home. The deputy manager confirmed this system had been installed due to a number of break-ins at the home. The deputy manager was aware that CCTV should not be used for any areas used by residents. The deputy manager was advised to access RQIA information regarding the use of CCTV titled - Guidance on the use of Overt Close Circuit Televisions (CCTV) for the Purpose of Surveillance in Regulated Establishments and Agencies. A recommendation was made that the home should develop a policy and procedure regarding the use of CCTV for the building. This should be based on a needs assessment.

The deputy manager also stated the keypad system had been recently introduced following the security issues. The deputy manager confirmed that residents were aware of the code and could enter and leave the building as they so wish. It was discussed with the deputy manager that the use of the keypad system should be included in residents' care records. Residents consent to the use of the keypad system should also be reflected. A recommendation was made in this regard. A recommendation was also made that the home's Statement of Purpose and Residents Guide should be updated to ensure that the use of the restrictions is adequately described.

The deputy manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety, water temperatures, and risks associated with residents smoking.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (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 premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home procedures and would be reported to the Public Health Agency and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine bedrooms, bathrooms, the communal lounge and the dining area. The residents' bedrooms were personalised with photographs, pictures and personal items. The paint work and décor was found to be tired in a number of bedrooms. The deputy manager confirmed that improvements to the environment were ongoing at that time; it was noted that some improvements had been made. The home was fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Discussion with the deputy manager confirmed that action plans were in place to reduce the risk where possible.

The deputy manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 14 October 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually.

During the inspection the deputy manager could not locate records regarding the most recent fire drill. This information shall be looked at during the next care inspection. Some omissions were noted in relation to weekly fire checks. The need to clearly state on records which alarm system, fire doors and equipment have been checked was raised with the deputy manager as this information had not been recorded. During the inspection a fire door was observed to be propped open with a portable radiator. These issues were discussed with the deputy manager.

A requirement was therefore made in relation to fire safety. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas for improvement

Five areas of improvement were identified. One requirement was made relating to fire safety. Four recommendations were made. These related to the review and updating of the home's policy and procedure regarding adult safeguarding and the development of a policy and procedure regarding the use of CCTV for the building. Care records should also be updated to reflect residents consent regarding the use of the keypad entry system on the front door. The home's Statement of Purpose and Residents Guide should also be updated to reflect the use of the key pad system and CCTV.

Number of requirements	1	**Number of recommendations**:	4

4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Inspection of three care records identified that an up to date assessment of needs, life history, care plans and daily / regular statement of health and well-being of the resident was present. Whilst a risk screening tool had been completed for each resident, it was noted that where risks had been identified, there was limited information to explain how such risks should be reduced or managed. A recommendation was made that thorough risk assessments which identify risk should be completed and that reduction and management of such risks should be adequately described.

Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example, staff were aware of residents individual needs and talked about the importance of listening to residents on an individual basis.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The deputy manager confirmed that records were stored safely and securely in line with data protection.

The deputy manager confirmed 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 plans, accidents and incidents (including falls, outbreaks), environment and catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports. For example, the monthly monitoring visits were conducted by an individual independent of the home; the views of residents were sought and any issues raised were reported on and actions followed up.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection.

Areas for improvement

One area of improvement was identified. This related to the completion of thorough risk assessments.

Number of requirements	0	**Number of recommendations**:	1

4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected, for example not speaking about residents' needs in front of other residents in the home. Staff were also aware of how to ensure records were stored correctly.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The deputy manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Some comments received from residents included:

- “I love it here, everyone is very good.”
- “It’s a good place, no complaints from me.”
- “Everybody is lovely, staff are really good, I am really happy here”.
- “This is a happy house, no complaints from me. The food is very good”.
- “I like it here, I have all that I need”.

The acting manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example during monthly monitoring visits, the opinions of residents and their representatives were sought about the quality of care in the home. Any issues raised are actioned accordingly.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation are collated into a summary report which is made available for residents and other interested parties. An action plan was developed and implemented where improvements were required. Such improvements had included enhancing the environment through redecorating communal areas.

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Some comments received from the returned resident and representative questionnaires included:

- “The care is very good”.
- “I feel safe and content. This is my home and feel well cared for in every way. We get excellent care”

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	**Number of recommendations**:	0

4.6 Is the service well led?

The deputy manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care needs of residents were met in accordance with the categories of care for which the home was registered.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and information displayed throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The deputy manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and this was available for inspection.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The deputy manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

The deputy manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were

good working relationships and that management were responsive to suggestions and/or concerns raised.

The deputy manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	**Number of recommendations**:	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Grant Johnson Wood, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 27.4 (d) **Stated:** First time **To be completed by:** 1 August 2016	The registered provider must ensure that fire safety checks are maintained on an up to date basis, that records accurately reflect specific areas and alarm systems checked and that fire doors are not propped open. **Response by registered provider detailing the actions taken:** A specific member of staff has been tasked with this responsibility. The alarms and systems are checked every Friday at 12:00 midday. The records will be monitored regularly to ensure that they are accurate and completed. Staff have been reminded that fire doors must not be propped open at any time. This will also be monitored on a regular basis.
Recommendations	
Recommendation 1 **Ref**: Standard 16.1 **Stated:** First time **To be completed by:** 24 September 2016	The registered provider should ensure the home's adult safeguarding policy is revised and updated to reflect new regional guidance to include the name of a safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. **Response by registered provider detailing the actions taken:** The registered provider has revised and updated the adult safeguarding policy. It reflects the new regional guidance and includes the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. Staff have been advised to familiarise themselves with the policy.
Recommendation 2 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 24 September 2016	The registered provider should ensure a policy and procedure is developed regarding the use of CCTV for the building. **Response by registered provider detailing the actions taken:** A new policy and procedure has been drawn up regarding the use of CCTV.
Recommendation 3 **Ref**: Standard 7.4 **Stated:** First time **To be completed by:** 24 September 2016	The registered provider should ensure residents care records are updated to reflect their consent regarding the use of the keypad entry system. **Response by registered provider detailing the actions taken:** A new document has been produced for residents to sign to show their consent for the use of the Keypad entry system. A copy for individual residents is held within their individual care files.

Recommendations	
Recommendation 4 **Ref**: Standard 20.6, 20.9 **Stated:** First time **To be completed by:** 24 September 2016	The registered provider should ensure the homes Statement of Purpose and Residents Guide are updated to ensure that the use of the restrictions i.e. key pad entry system and CCTV are adequately described. **Response by registered provider detailing the actions taken:** Both the Statement of Purpose and the residents guide have been updated to include details of the Key pad entry system and the use of CCTV.
Recommendation 5 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 24 September 2016	The registered provider should ensure that thorough risk assessments which identify risk should be completed and that reduction and management of such risks should be adequately described. **Response by registered provider detailing the actions taken:** A review of all risk assessments has been carried out. Each resident has a Psychiatric Risk assessment. The other risk assessments such as nutrition, fall, moving & handling & pain have been added to those individuals requiring them.

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

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews