



The Regulation and  
Quality Improvement  
Authority

Camlo Homes  
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**Unannounced Care Inspection  
of  
Camlo Homes**

**27 May 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 27 May 2015 from 11.00 to 17.45. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with Mr Johnston Wood deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Persons:</b> Mrs Lois Emerson Mr Stephen Emerson Mr Campbell Davis Emerson	<b>Registered Manager:</b> Mrs Joanne Smart
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Grant Johnston Wood	<b>Date Manager Registered:</b> April 2005
<b>Categories of Care:</b> RC-PH, RC-PH(E), RC-A, RC-LD, RC-LD(E), RC-MP, RC-MP (E)	<b>Number of Registered Places:</b> 29
<b>Number of Residents Accommodated on Day of Inspection:</b> 24	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3. Inspection Focus

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

**Standard 14: The death of a resident is respectfully handled as they would wish.**  
**Theme: Residents receive individual continence management and support.**

### 4. Methods/Process

Prior to inspection the following records were analysed: Notifications of accidents and incidents, and the returned Quality Improvement Plan from the previous inspection.

During the inspection we met with 16 residents individually and others in groups, three care staff, and one domestic staff member. Mr Stephen Emerson, registered provider, was present for discussion and feedback at the conclusion of the inspection.

We inspected the following:

- Five Care Records
- Accident and Incident Reports
- Complaints
- Relevant policies and procedures
- Minutes of resident meetings
- Fire Safety Risk Assessment

### 5. The Inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 13 November 2014. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 20 (1) (a)</b>	The registered person shall ensure that all the persons employed at the home receive appraisal appropriate to the work they perform.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records available confirmed appraisals had been completed for staff in the home. Records showed that these were being completed on a continual basis.	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2) (b)	The registered person must ensure that maintenance to the ceiling in the identified bedroom is addressed.	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> The deputy manager confirmed that maintenance work had been completed to the roof of the home; following this the work on the identified ceiling shall be directly addressed. <p>This requirement has been restated in the QIP.</p>	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 19.5	The registered person is recommended to ensure that records are held which verify that staff are issued with job descriptions on appointment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records available in the home demonstrated that job descriptions were issued to staff on appointment.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 10.1	The homes policy and procedure on Responding to Residents Behaviour should be developed further to reflect the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy and procedure relating to Responding to Residents Behaviour had been developed to reflect the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	
<b>Recommendation 3</b> <b>Ref:</b> Standard 13.2	The level of activities provided in the home should be increased to ensure structure for residents on a daily basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected activity records in the home. We discussed the provision of activities with residents who confirmed that a range of activities were available.	

<b>Recommendation 4</b> Ref: Standard 13.3	Residents should be invited to express their views on possible activities for the home on a regular basis through discussion at regular residents meetings.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected the minutes of the most recent residents meeting these included residents views on preferred activities.	
<b>Recommendation 5</b> Ref: Standard 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We observed that the programme of activities displayed was larger and clearer for residents.	
<b>Recommendation 6</b> Ref: Good practice	Resident's bedrooms should be personalised and made homely to reflect resident's individual interests.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We viewed a number of resident's bedrooms which were found to be homely and reflected resident's individual interests.	
<b>Recommendation 7</b> Ref: Standard N20	A partition should be provided for the identified double bedroom thus ensuring resident's privacy.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A partition was available in the identified bedroom.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is Care Safe? (Quality of Life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

In our discussions with four staff members they were all aware of the need to work closely with other health care professionals including general practitioners and the district nursing service.

Staff talked about supporting the resident ensuring they are as comfortable as possible. Staff demonstrated a good awareness of the values of compassion, respect and dignity. Staff also confirmed to us that they liaise closely with residents' families keeping them informed of any change in the residents' condition.

In our discussions staff were aware of the need to constantly assess residents needs and to ensure any changes were documented in care plans. Staff were also aware of the need to ensure the assessments of residents remain under constant review.

### **Is Care Effective? (Quality of Management)**

The home has a policy and procedure in place on dying and death of a resident. In our discussions with staff they shared a recent experience where a resident in the home was supported until their final days. Staff spoke of the need to support families and keep them informed of any changes in their relatives' condition.

We inspected five care records which contained individual dignity plans. Care plans included resident's individual wishes relating to spiritual preferences, next of kin details and personal preferences regarding funeral services.

We made a recommendation that the policy in place regarding dying and death should be updated to reflect current best practice. The policy should also be reviewed on a systematic three yearly basis thereafter. We also made a further recommendation that staff should have access to information and educational resources to facilitate training relating to dying and death. This information should be in keeping with current best practice. The preferences of staff in relation to training were reflected in questionnaires returned to RQIA.

### **Is Care Compassionate? (Quality of Care)**

In our discussions with staff they stated that the needs of a dying resident would be met with a strong focus on dignity and respect. Staff confirmed to us that information would be communicated sensitively to family members who would to be given time and privacy to spend with their loved one.

Staff in the home confirmed to us that that there was a supportive ethos from the management on a daily basis. Staff spoke of the need to support the other residents and to facilitate family members during their visits.

The deputy manager confirmed to us that spiritual support is made available for residents on a regular basis. The deputy manager also confirmed to us that residents are informed on an individual basis when a resident in the home passes away.

Throughout the period of the inspection residents were observed to be treated with dignity and respect. Residents were comfortable and at ease in their surroundings.

### **Areas for Improvement**

Two areas for improvement were identified relating to this standard. This standard was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.4 Theme: Residents receive individual continence management and support

### Is Care Safe? (Quality of Life)

We inspected five residents care records. Two of these care records reflected individualised assessments and included plans of care regarding continence management.

Issues of assessed needs are referred to the continence service. Following referral, the nurse in consultation with the resident and the home prescribes a plan of care. The plans of care for residents are kept under review as confirmed by staff and inspection of records.

From our observations we found there was adequate supplies of aprons, gloves and hand washing dispensers. Staff confirmed that there is always a good supply available.

In our discussions with staff, our general observations together with our review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

### Is Care Effective? (Quality of Management)

The home had a policy and procedure regarding the management of continence. A number of residents in the home are on a specific toileting programme to maintain and promote continence. Resident's needs are reviewed regularly. Identified issues of assessed needs are reported to the Continence Advisory Services for advice and assessment.

We made a recommendation that the policy, relating to the management of continence, should be reviewed and revised to make reference to current best practice. The policy should be updated on a systematic three yearly basis.

### Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

### Areas for Improvement

One area for improvement was identified relating to this theme. This theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1 (Repeated Area)</b>
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## 5.5 Additional Areas Examined

### 5.6 Residents Views

We spoke with 16 residents individually and others in groups. In accordance with their capabilities, all expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of care.

Some of the comments from residents included:

"This is a good home, the best one I have ever been in. Management are good, they go out of their way to help you".

"I'm happy here, no complaints at all".

"This is my home, I feel safe here. This is the best of the best".

"I just love it here. I always get a laugh. It is great, everyone is lovely. The staff make me laugh".

"Everyone is very nice and kind, the place is lovely".

"I like it here, I have everything I need".

### 5.7 Staff views

We spoke with four members of staff who spoke about their roles and duties, staff morale, teamwork and managerial support. Staff informed us that they felt a good standard of care was provided.

Seven staff questionnaires were returned to RQIA following the inspection. Completed questionnaires gave positive feedback in relation to the standard and theme reviewed. One issue raised by respondents related to the provision of education and training resources in relation to supporting residents who are terminally ill. A recommendation was made in this regard.

### 5.8 Staffing Levels

We inspected the staff duty roster and spoke with staff regarding staffing levels. We noted that in the two weeks prior to the inspection staffing levels had been reduced from three care staff to two between the hours of 17.00 – 20.00. This issue was discussed at length with the registered person and the deputy manager. The day following the inspection the deputy manager Mr Grant Johnston Wood contacted RQIA to confirm that the original staffing levels had been reinstated with immediate effect.

### 5.9 Fire Safety

We observed a number of flammable materials in the residents smoke room. We discussed this issue with the deputy manager who confirmed that these items would be removed immediately. The deputy manager also confirmed a system of checks would be introduced to ensure flammable materials were appropriately stored.

We made a requirement that the registered person must take adequate precautions against the risk of fire at all times.

## 5.10 Daily Records

We inspected a selection of daily records. It was noted that these contained some omissions in relation to follow up information regarding the outcomes of appointments for residents. The need to ensure daily records reflect all care and treatment given was discussed with the deputy manager.

We made a requirement that care records must consistently be maintained which show all care and services provided to residents.

## 5.10 General Environment

We found that the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were in good order.

### Areas for improvement

Two areas were identified for improvement from the additional areas examined.

<b>Number of Requirements</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Johnston Wood deputy manager as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

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

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

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27 (4) (b)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: The date of the inspection and ongoing</b></p>	<p>The registered manager must take adequate precautions against the risk of fire at all times. This includes ensuring the smoke room is free from flammable materials.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> SMOKING AREA HAS BEEN REDECORATED AND THERE ARE NO FLAMMABLE MATERIALS PRESENT.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (k)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: The date of the inspection and ongoing.</b></p>	<p>The registered manager must ensure that care records are consistently maintained which show all care and services provided to residents.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> CARE RECORDS ARE UPDATED EVERY 2-3 DAYS BY CARE STAFF AND ILLUSTRATE ANY CHANGES TO RESIDENT'S CARE.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27 (2) (b)</p> <p><b>Stated: Second time</b></p> <p><b>To be Completed by: 12 August 2015</b></p>	<p>The registered person must ensure that maintenance to the ceiling in the identified bedroom is addressed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> THIS HAS BEEN ADDRESSED ON 10/07/15</p>

<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>22 July 2015</b>	<u>Policy Development</u> The registered manager should ensure that the homes policies relating to dying and death and the management of continence should be reviewed and updated at least three yearly to reflect current best practice.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> POLICIES HAVE BEEN DEVELOPED IN RELATION TO DYING AND DEATH & THE MANAGEMENT OF CONTINENCE. THESE WILL BE REVIEWED 3 YEARLY.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>19 August 2015</b>	<u>Training</u> The registered manager should ensure that staff have access to information and educational resources to facilitate training relating to dying and death.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> THERE IS A MODULE ON DEATH AND DYING WHICH IS PART OF THE ONLINE TRAINING PROGRAM. THE STAFF WILL BE DIRECTED TOWARDS COMPLETING THIS.		
<b>Registered Manager Completing QIP</b>	JOANNE SMART	<b>Date Completed</b>	15/07/15
<b>Registered Person Approving QIP</b>	STEPHEN EMERSON	<b>Date Approved</b>	15/07/15
<b>RQIA Inspector Assessing Response</b>	Bronagh Duggan	<b>Date Approved</b>	17.7.15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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