



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Camlo Homes
Establishment ID No:	1585
Date of Inspection	30 April 2014
Inspector's Name:	Bronagh Duggan
Inspection No:	17516

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Camlo Homes
Address:	3-5 North Parade Belfast BT7 2GF
Telephone Number:	028 9064 5127
E mail Address:	johnston-wood5@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Lois Emerson Mr Stephen Emerson Mr Campbell Emerson
Registered Manager:	Mrs Joanne Smart
Person in Charge of the home at the time of Inspection:	Mrs Joanne Smart
Categories of Care:	RC-MP ,RC-MP(E), RC-LD/LD(E), RC-A, RC- PH/PH (E)
Number of Registered Places:	29
Number of Residents Accommodated on Day of Inspection:	25
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	25 November 2013 Primary announced inspection
Date and time of inspection:	30 April 2014 10:10am to 2:40pm
Name of Inspector:	Bronagh Duggan

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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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 (2008)

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

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion.

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

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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.

PROFILE OF SERVICE

Camlo Homes was opened in 1971 and comprises of two adjoining houses converted to provide long term residential accommodation for 29 residents. The accommodation for residents is provided on three floors, with a number of the bedrooms being double / shared rooms. The building retains some of the original attractive period features.

The home is situated within the Belfast Health and Social Care Trust's geographical area, in a residential 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.

SUMMARY

An unannounced secondary inspection of Camlo Homes was undertaken by Bronagh Duggan on 30 April 2014 between the hours of 10:10am to 2:40pm. Mrs Joanne Smart, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The homes progress in regard to requirements and recommendations made as a result of the previous inspection were examined. Observations, a review of records and discussions with the registered manager and care staff demonstrated that the home was compliant with one requirement and seven recommendations. Evidence demonstrated that the remaining four requirements and one recommendation achieved the level of, moving towards compliance. One requirement is re-stated for the third time. Failure to achieve the level of compliant may result in the Authority initiating enforcement action.

During the inspection, records pertaining to three previous recommendations could not be accessed. The inspector was informed that the deputy manager, who was not working that day, had the key to the filing cabinet containing the relevant information. A requirement has been made. These recommendations will be reviewed during the next inspection.

The detail of the actions taken by the Registered Manager, Joanne Smart in relation to meeting the previous requirements and recommendations can be viewed in the section following this summary.

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

As a result of this inspection, one further requirement and four further recommendations have been made in addition to the three outstanding recommendations, three re-stated recommendations and four re-stated requirements from the previous inspection.

The new requirement made, relate to ensuring the availability of records in the home for inspection purposes. The new recommendations relate to the updating of the homes policies and procedures, the introduction of a detailed cleaning schedule, the removal and replacement of a chair from a residents bedroom and the introduction of a system to ensure staff read the minutes from staff meetings.

The inspector would like to acknowledge the full co-operation of the registered manager, residents, and staff throughout the inspection. The inspector would also like to thank all those involved for their time and the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

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. This must be addressed urgently.</p> <p>(standard 25.3)</p>	<p>Records reviewed evidenced that the registered manager had completed competency and capability assessments with four staff that are currently given the responsibility of being in charge of the home for any period of time in his/her absence. This has still to be completed for night duty staff.</p> <p>This requirement is reiterated.</p>	Moving towards compliance
2.	14 (2) (c)	<p>The registered person must ensure that all suspected, alleged or actual incidents of abuse are reported to all the relevant persons and agencies in a timely manner and in accordance with procedures and legislation.</p> <p>(standard 16.4)</p>	<p>The inspector is satisfied following discussion with the registered manager and reviewing records that any suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in a timely manner and in accordance with procedures and legislation.</p>	Compliant

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
3.	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;</p> <p>(g) any allegation of misconduct by any person who works at the home;</p> <p>(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p> <p>The registered manager should retrospectively notify the RQIA and safeguarding team of incidents which occurred in July and October 2013.</p> <p>(standards 16.4-16.7 & 20.16)</p>	<p>Incident and notification records examined demonstrated the home were recording and notifying RQIA of incidents. The inspector discussed with the registered manager the need to ensure all relevant information is included by staff when completing notifications.</p> <p>This requirement is reiterated.</p> <p>This information was retrospectively provided to RQIA and the safeguarding team.</p>	Moving towards compliance
4.	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>(standard 24.2)</p>	<p>There was evidence to show four staff have received an appraisal in relation to the work they do in the home. This is currently on-going with remaining staff members due to have an appraisal.</p> <p>This requirement is reiterated.</p>	Moving towards compliance

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
5.	20 (2)	<p>The registered person shall ensure that all persons working in the home are appropriately supervised.</p> <p>(standard 24.5)</p>	<p>During the inspection there was evidence to show three members of staff have received recent supervision. This is on-going for the remaining members of staff.</p> <p>This requirement is reiterated.</p>	<p>Moving towards compliance</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.1	The registered person is recommended to develop a policy and procedure regarding care reviews.	A policy and procedure for care reviews was reviewed and found to be satisfactory.	Compliant
2.	11.3	The registered person is recommended to ensure that the written review reports prepared by the home detail how it has been prepared in consultation with the resident.	Review reports examined during the inspection evidenced input from residents; these were also signed by the residents. The registered manager verified that residents were involved in the process of care reviews.	Compliant
3.	11.6	The registered person is recommended to provide residents with a copy of their care plan in a format and language appropriate to their needs.	Care plans were available for residents in the home in a format and language appropriate to their needs. Residents can access their care plans at any time.	Compliant
4.	16.1	The registered person is recommended to update the vulnerable adult's policy regarding referral to NMC and the whistle-blowing policy to include contact details for RQIA.	A review of the policies and procedures evidenced that the requested information is in place.	Compliant
5.	16.1	The registered person is recommended to develop a flowchart to guide staff in relation to reporting suspected, alleged or actual incidents.	A flow chart was observed to be in place, this was displayed openly for staff to access and included information in relation to reporting suspected, alleged or actual incidents.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
6.	19.2	The registered person is recommended to record that the pre-employment health questionnaire is signed off as satisfactory by the registered person.	The most recently completed pre-employment health questionnaire was viewed by the inspector; this was signed off as satisfactory by the registered person.	Compliant
7.	19.4	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.	This information was not accessible on the day of the inspection as it was stored in a locked filing cabinet and the deputy manager had the key.	To be reviewed at the next inspection.
8.	19.5	The registered person is recommended to ensure that records are held which verify that staff are issued with job descriptions on appointment.	This information was not accessible to the inspector on the day of the inspection. As above.	To be reviewed at the next inspection.
9.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	This information was not accessible to the inspector on the day of inspection. As above	To be reviewed at the next inspection.

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
10.	25.1; 25.2 & 25.4	<p>The registered person is recommended to review staffing to ensure that at all times the staff on duty meets assessed needs, taking into account the size and layout of the home, number and dependency of residents, the statement of purpose and fire safety requirements. With particular attention to:-</p> <ul style="list-style-type: none"> -Sufficient ancillary staff being employed to ensure minimum standards are fully met. -Sufficient care staff being available at all times in accordance with RQIA minimum guidelines. 	<p>Examination of the duty rota during the inspection found care staffing levels adequate for the period reviewed. Staff spoken with on the day of inspection stated workloads can be heavier at times due to staff sickness rates.</p> <p>Ancillary staff levels were noted to be less at the weekends. The registered manager informed the inspector that new ancillary staff have been recruited and are expected to commence work after Access NI checks have been completed.</p> <p>This recommendation is reiterated.</p>	Moving towards compliance
11.	25.8	<p>The registered person is recommended to ensure that staff meetings take place on a regular basis and at least quarterly and facilitate staff involvement including those on night staff.</p>	<p>The registered manager informed the inspector the home is holding regular staff meetings. Minutes of staff meetings were available and viewed by the inspector. These were being held on a quarterly basis.</p>	Compliant

ADDITIONAL AREAS EXAMINED

Resident's views

The inspector spoke with eleven residents about their experiences in the home. Residents readily engaged in conversation and provided positive feedback about the care provided. Some comments from residents included:

- "It's a good place."
- "The staff are very kind."
- "I'm happy here, you get all you need."

No issues or concerns were raised by residents.

Staff Views

The inspector spoke with four members of staff who demonstrated a good understanding of resident's needs and medical conditions. Staff were satisfied with training provided by the home and stated it was a good place to work.

The issue of staffing levels was discussed as this had been raised by staff during the previous inspection and resulted in a recommendation being made. Staff informed the inspector sickness levels can cause additional work for the rest of the team on duty but acknowledged that new staff have recently been recruited and are due to start work soon which should help ease the situation.

Residents Representative Views

There were no representatives spoken to during the inspection.

Visiting Professionals Views

There were no visiting professionals spoken to during the inspection.

Environment

The inspector viewed the living areas, kitchen / dining area, two communal bathrooms, hallways and a number of resident bedrooms. The communal areas of the home were generally found to be clean and tidy. A recommendation has been made to ensure a cleaning schedule is drawn up for the home to ensure regular and specific cleaning for all areas in the home including residents bedrooms. Some of the décor was noted to be tired and dated; but fit for purpose. A recommendation has been made to remove and replace a chair from an identified bedroom.

Policy and Procedure Manual

The policy and procedure manual was reviewed. A recommendation has been made to ensure that all policies and procedures are reviewed at least every three years in a systematic manner.

Observation of care practices

Care practices were discretely observed during the inspection, interactions between staff and residents were noted to be relaxed and friendly. Residents appeared comfortable and at ease in the home. Residents were observed to be well dressed with good attention to personal appearance and dress observed.

Minutes of Staff meetings

Minutes of staff meeting where available, these included the names of staff who attended the meetings. A recommendation has been made that there should be a system in place to ensure that all staff are aware of and have read and understood the minutes from the team meeting if they are unable to attend the meeting in person thus ensuring all staff are aware of any decisions or changes within the home.

Records availability

Information relating to recommendations from the previous inspection could not be accessed on the day of inspection as the key to the filing cabinet was not available. A requirement has been made that all records connected to the home should be available to the registered manager and to inspector at any time. This information shall be followed up during the next inspection.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joanne 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

Secondary Unannounced Care Inspection

Camlo Homes

30 April 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, Registered Manager 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 (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>This is reiterated for the third time. Failure to satisfactorily meet this requirement may result in the Authority initiating enforcement action.</p>	Three	These have been completed. (6 & 12 June 2014)	By return of QIP

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
2.	30 (1) & (2)	<p>The registered person shall give notice to the RQIA without delay of the occurrence of any-</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident;</p> <p>(g) any allegation of misconduct by any person who works at the home;</p> <p>(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p> <p>This requirement is reiterated.</p>	Two	This has been done. Since date of last inspection 4 further incident reports have been submitted to RQIA	25 June 2014
3.	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>(standard 24.2)</p> <p>This requirement is reiterated.</p>	Two	7 appraisal forms have been issued to staff and Nurse Manager is awaiting their return in order to complete the appraisal process.	9 July 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4.	20 (2)	<p>The registered person shall ensure that all persons working in the home are appropriately supervised.</p> <p>(standard 24.5)</p> <p>This requirement is reiterated.</p>	Two	To date 11 staff have received their supervisions. There are currently 5 outstanding these will be completed by July 9 th .	9 July 2014
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.	One	Nurse Manager and Assistant Manager now have full access to all cabinets holding records.	From the day of inspection

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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.	19.4	<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>	Two	<p>This is the current practice. Unfortunately on the day of inspection the Nurse manager was unable to access the cabinet which contains these records. (However, as stated in requirement No.5, this has now been addressed and full access is available.)</p>	By return of QIP
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>	Two	<p>This is the current practice. Unfortunately on the day of inspection the Nurse manager was unable to access the cabinet which contains these records. (However, as stated in requirement No.5, this has now been addressed and full access is available.)</p>	By return of QIP

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
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>	Two	<p>When a formal interview has been completed. A resident(s) is asked to show the potential candidate(s) around some areas of the home. The resident is then asked to give some feedback themselves and this will be recorded. (Feedback form is enclosed with this QIP.)</p>	By return of QIP
4.	27.1	<p>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.</p>	One	<p>This has been fully reviewed and the documentation is enclosed with this QIP.</p>	By return of QIP
5.	25.8	<p>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.</p>	One	<p>There is now a file in place to maintain records of staff meetings. This is available for all staff to read and sign. The most recent staff meeting was on 12 June 2014.</p>	25 June 2014
6.	E26	<p>The identified chair should be removed and replaced from the specified bedroom.</p>	One	<p>This has been removed.</p>	From the day of inspection
7.	21.5	<p>All policies and procedures in the home should be systematically reviewed on a three yearly basis.</p>	One	<p>This has now been done. the policy regarding Nutrition is the only one outstanding. This will be completed shortly.</p>	14 August 2014

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:

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	17 June 2014
Further information requested from provider			