

Announced Premises Inspection Report 11 October 2016



Camlo Homes

Type of Service: Residential Care Home
Address: 3 – 5 North Parade, Belfast, BT7 2GF
Tel No: 028 9064 5127
Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Camlo Homes took place on 11 October 2016 from 10.30 to 14.15hrs.

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

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Joanne Smart (Registered Manager) and Mr Grant Johnston-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 premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 19 December 2013.

2.0 Service Details

Registered organisation/registered provider: Camlo Homes Mrs L Emerson Mr S Emerson Mr C Emerson	Registered manager: Mrs Joanne Smart
Person in charge of the home at the time of inspection: Mrs Joanne Smart	Date manager registered: 1 April 2005
Categories of care: RC-PH, RC-PH(E), RC-A, RC-LD, RC-LD(E), RC-MP, RC-MP(E)	Number of registered places: 29

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Joanne Smart (Registered Manager) and Mr Grant Johnston-Wood (Deputy Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

The most recent inspection of the residential care home was an unannounced care inspection. The completed QIP will be assessed by the specialist inspector and validated at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 19/12/2013

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 27.-(2)(c) 27.-(2)(q)</p> <p>Stated: First time</p>	<p>A valid Gas Safe certificate should be obtained. The certificate should verify that the gas appliance and installation are in a safe and satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection: The gas installation has been removed from the premises.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulations 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>The safety of the opening windows requires to be reviewed. The review and subsequent actions should be in line with the safety alert MDEA(NI)2007/100.</p> <hr/> <p>Action taken as confirmed during the inspection: The restriction of windows has been reviewed. Where it was deemed appropriate the method of restriction has been upgraded. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(b)</p> <p>Stated: First time</p>	<p>The following general maintenance issues require attention:</p> <ul style="list-style-type: none"> • The floor tiles in the toilet on the top floor of No3 and in the toilet beside room 12 in No5 are cracked • The toilet bowl in the toilet beside room 16 is chipped • Some of the vinyl floor covering in the laundry is torn and missing • In the shower room on the first floor of No 3 the sealant and grouting requires repair and the wooden ducting behind the toilet is deteriorating • The tile grouting and sealant around the kitchen sink requires to be cleaned and upgraded • The holes in the tiles in the ground floor shower room require repair • The damaged furniture in the smoking room should be repaired or replaced 	Met

	<p>Action taken as confirmed during the inspection: These issues have been addressed. It is good to note that the kitchen has been fully refurbished.</p>	
<p>Requirement 4</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>It should be ensured that the scheme of action for controlling legionella (resulting from the risk assessment) is fully implemented and that records are kept of all actions taken.</p> <p>Action taken as confirmed during the inspection: A legionella risk assessment was carried out by a specialist contractor in June 2015 and there are measures in place towards the control of legionella. It was confirmed to the inspector that recommendations made in the legionella risk assessment have been addressed. Refer also to section 4.3 item 2 and recommendation 2 in the Quality Improvement Plan.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulations 14.-(2)(a) 14.-(2)(c) 27.-(2)(q)</p> <p>Stated: First time</p>	<p>It should be ensured that hot water from all outlets accessible to residents is delivered at a safe temperature. All thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions.</p> <p>Action taken as confirmed during the inspection: There are arrangements in place for the temperature of blended water at outlets to be monitored and it is understood that the maintenance officer makes any necessary adjustments to the thermostatic mixing valves. Refer also to section 4.3 item 3 and requirement 1 in Quality Improvement Plan.</p>	Partially Met
<p>Requirement 6</p> <p>Ref: Regulations 27.-(4)(e) 27.-(4)(f)</p> <p>Stated: First time</p>	<p>It should be ensured that sufficient fire safety training and drills are carried out to enable staff to carry out an effective evacuation of the building at any time. Personal emergency evacuation plans should be maintained and the information they contain used during fire training and drills. Reference should be made to the fire risk assessment and Northern Ireland Firecode document Health Technical Memorandum <i>84 Fire risk assessment in residential care premises</i>.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The fire risk assessment was reviewed by an accredited fire risk assessor in October 2015. The assessor found the arrangements for fire training and drills to be satisfactory.</p> <p>Refer also to section 4.3 item 4.</p>	
<p>Requirement 7</p> <p>Ref: Regulations 27.-(4)(a) 27.-(4)(b) 27.-(4)(d)(v)</p> <p>Stated: First time</p>	<p>It should be ensured that the stock of flammable and combustible material in bedrooms continues to be monitored and minimized. Liaison with the fire safety advisor should be maintained and in relation to the type and quantity of material being stored his advice regarding the precautions which are necessary to ensure the fire safety of the home should be promptly actioned.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that this continues to be monitored and managed and that a particular issue in one of the bedrooms has been resolved.</p>	
<p>Requirement 8</p> <p>Ref: Regulations 27.-(2)(a) 27.-(4)(b) 27.-(2)(p) 27.-(4)(d)(i) and (ii) and (v)</p> <p>Stated: First time</p>	<p>The arrangements for smoking in the home should be reviewed and the guidance in the following document followed.</p> <p><i>Guidance on Service Users Smoking in Residential Care and Nursing Homes</i> (This document is available on the RQIA website under <i>Guidance for Service Providers/fire safety information</i>)</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The arrangements for smoking have been reviewed and changed. This has resulted in improved living room accommodation.</p>	
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> <p>Stated: First time</p>	<p>It should be ensured that the function testing of all installations relating to fire safety are carried out at the intervals set out in approved codes of practice and records maintained.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There were up to date records for the function testing and maintenance of the fire safety installations.</p>	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. As a result of the review of window restriction some windows have been fitted with cable and socket type restrictors. These were discussed and the inspector recommended that reference should be made to the Northern Ireland Adverse Incident Centre which has issued safety alerts relating to window restrictors and certain brands of this particular type of restrictor. The inspector also recommended that it be ensured that restrictor fixing screws cannot be undone without a special tool.
Refer to recommendation 1 in Quality Improvement Plan.
2. The inspector recommended that the action plan in the legionella risk assessment should be reviewed and marked up. The records of water temperatures relating to legionella control indicate that the cold water from some outlets is at a higher temperature than would be expected for the effective control of legionella.
Refer to recommendation 2 in Quality Improvement Plan.
3. There are no arrangements for the thermostatic mixing valves to be maintained. Safe water temperatures are checked monthly and the records indicate that from month to month there can be a significant drift in the temperature of water blended by the thermostatic mixing valves. This was discussed with the deputy manager who confirmed that a program to service the thermostatic mixing valves would begin within two weeks.
Refer also to requirement 1 in Quality Improvement Plan.
4. The inspector was informed that arrangements have been made for the fire risk assessor to attend site before the end of October to carry out refresher fire safety training and drills. The inspector advised that records should be kept to confirm attendance by all staff.

5. During the last annual service of emergency lighting in July a number of fittings were found to be faulty. From the records it was unclear if these defects had been rectified. This was discussed with the deputy manager who confirmed that the necessary remedial work had been carried out. The inspector advised that records should be kept of all such work.
6. There was documentation from an electrical contractor confirming that in 2012 the necessary work was carried out to restore the electrical installation to a satisfactory condition. On the day of inspection it could not be confirmed when the next test and inspection of the electrical installation should be carried out.
Refer to recommendation 3 in Quality Improvement Plan.
7. During the walk round it was observed that the laundry door leading into the main corridor did not close tight to the stops.
Refer to recommendation 4 in Quality Improvement Plan.

Number of requirements	1	Number of recommendations:	4
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

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 Mrs Joanne Smart (Registered Manager) and Mr 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 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 person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person 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 Estates.Mailbox@rqia.org.uk for assessment 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	
<p>Requirement 1</p> <p>Ref: Regulations 14.-(2)(a) and (c) 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be completed by: 11 November 2016</p>	<p>The thermostatic mixing valves should be maintained in accordance with HSG274 Part 2.</p> <p>The arrangements for ensuring that hot water accessible to residents is at a safe temperature should be reviewed and include a check that thermostatic mixing valves are installed at all outlets which present a scald risk to residents.</p> <p>Response by registered provider detailing the actions taken: All thermostatic mixing valves have been fitted and tested. Thus eliminating scald risk to residents. A program of annual testing and maintenance has been employed. (Contractor - Robin McKibben).</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p>	<p>Reference should be made to the NIAIC website in relation to safety alerts which have been issued regarding window restrictors. Particular attention should be given to alerts EFA/2014/003 and EFA/2013/002. It should be ensured that restrictor fixing screws cannot be undone without a special tool.</p> <p>Response by registered provider detailing the actions taken: Reference has been made to the NIAIC website regarding the safety alerts issued referring to window restrictors. All window restrictors have been examined and modified to ensure they can only be opened with a special tool. Additionally all locks have been sealed to prevent access and/or tampering.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p>	<p>The action plan in the legionella risk assessment should be reviewed and marked up. The cold water temperatures which are higher than expected for the effective control of legionella should be followed up and the necessary remedial action taken. It is recommended that the advice of the legionella risk assessor be sought.</p> <p>Response by registered provider detailing the actions taken: The Legionella Action Plan has been reviewed and marked up. All cold water temperatures are now satisfactory and fall within the required guidelines, having undergone remedial work and further analysis. The legionella risk assessor has been contacted and has stated that he is satisfied the remedial action put in place has resolved the remaining outstanding issues. (Contractor - Jamie Fergusson - Chemical Treatment Services)</p>

<p>Recommendation 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p>	<p>The advice of a competent electrician should be sought and followed regarding the date of the next test and inspection of the electrical installation.</p> <hr/> <p>Response by registered provider detailing the actions taken: A program of maintenance and testing of the electrical installation has commenced (28/11/16). Once this has been completed a full inspection report will be provided. (Contractor - Alistair Martin)</p>
<p>Recommendation 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p>	<p>The laundry door should be adjusted so that it reliably closes to the stops automatically. It is recommended that the automatic closing device is upgraded.</p> <hr/> <p>Response by registered provider detailing the actions taken: The closing device for the laundry door has now been replaced and is now operated by an overhead mechanism which ensures the door closes reliably and completely.</p>



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](https://twitter.com/RQIANews)