

Inspection Report

15 September 2023



Camlo Homes

Type of service: Residential Care Home
Address: 3-5 North Parade, Belfast, BT7 2GF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Camlo Homes Responsible Individual: Mr Stephen Emerson	Registered Manager: Mrs Joanne Smart Date registered: 1 April 2005
Person in charge at the time of inspection: Miss Louise Hollinger, Deputy manager	Number of registered places: 29
Categories of care: Residential Care (RC): PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years 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 A – past or present alcohol dependence	Number of residents accommodated in the residential care home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: Camlo Homes is a residential care home registered to provide health and social care for up to 29 residents. Residents' bedrooms are located over three floors. Residents have access to communal lounges, bathrooms, a dining room and a garden area to the front of the home.	

2.0 Inspection summary

An unannounced inspection took place on 15 September 2023, from 9.00am to 12.20pm. This was completed by a pharmacist inspector. The inspection focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection have been carried forward and will be followed up at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary.

Medicine records were generally well maintained and there were auditing processes in place to ensure that staff were trained and competent to manage medicines. Four new areas for improvement were identified in relation to notifying RQIA of medicine incidents, the management of thickening agents and recording and monitoring the temperatures of the medicines refrigerator and medicines storage area.

Whilst areas for improvement were identified, RQIA can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with senior care staff and the deputy manager. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 4 April 2023		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 25 Stated: First time	The registered person shall review staffing levels to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that competency and capability assessments are carried out with any person who is given the responsibility of being in charge of the home for any period of time.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 6.2 & 6.6 Stated: First time	The registered person shall ensure that each resident has an individual, personalised and up to date care plan.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Standard 27	The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.	Carried forward to the next inspection
Stated: First time	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place, however, the care plan did not state the recommended consistency level. Records of prescribing and administration did not include the recommended consistency level. An area for improvement was identified.

Care plans were in place when residents required insulin to manage their diabetes. Insulin pen devices should be individually labelled. Staff gave an assurance that these would be individually labelled.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. However, staff highlighted to the inspector that there have been times when residents have missed doses of a prescribed medicine as it was out of stock. Advice was given on reviewing systems to ensure there is a trigger in place to highlight low stock levels/potential out of stock medicines so that they are ordered on time and all residents have a continuous supply of their prescribed medicines. If a resident misses a dose of a prescribed medicine due to the medicine being out of stock this must be reported appropriately, including to RQIA (see section 5.2.5).

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was not monitored or recorded to ensure that medicines were stored appropriately. An area for improvement was identified.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the current, maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Records showed that the medicine refrigerator temperature was above 8°C regularly, including on the day of the inspection and no action had been taken. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. All of the records reviewed were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management audited medicine administration on a regular basis within the home. The date of opening was recorded on most medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

There have been no medicine related incidents reported to RQIA. Staff were not familiar with the type of incidents that should be reported (see section 5.2.2). Advice was given and the RQIA guidance on statutory notification of medication related incidents was shared. An area for improvement was identified.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A small number of minor discrepancies were highlighted to the deputy manager for close monitoring.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

An assurance was provided that staff would receive refresher training on the areas identified for improvement and highlighted for attention in this report.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and The Residential Care Homes Minimum Standards 2022.

	Regulations	Standards
Total number of Areas for Improvement	1	7*

* The total number of areas for improvement includes four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Louise Hollinger, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing (15 September 2023)	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and that appropriate action is taken if the recorded temperature is outside the recommended range of 2-8°C. Ref: 5.2.2
	Response by registered person detailing the actions taken: The two medicine storage areas have separate thermometers in place. Both readings are now recorded daily and staff are aware if there are any faulty temperatures, they are to report to registered person so it can be investigated and fixed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards 2022	
Area for improvement 1 Ref: Standard 25 Stated: First time To be completed by: From date of inspection (4 April 2023)	The registered person shall review staffing levels to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that competency and capability assessments are carried out with any person who is given the responsibility of being in charge of the home for any period of time.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Area for improvement 3 Ref: Standard 6.2 & 6.6 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that each resident has an individual, personalised and up to date care plan.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 5 Ref: Standard 31 Stated: First time To be completed by: Immediate and ongoing (15 September 2023)	The registered person shall review the management of thickening agents to ensure that the recommended consistency level is detailed in the care plan to direct staff and that records of prescribing and administration also include the recommended consistency level. Ref: 5.2.1
	Response by registered person detailing the actions taken: This has been actioned in both the care plan and drug kardex. Additional Thickening training took place on the 18/09/23.
Area for improvement 6 Ref: Standard 32 Stated: First time To be completed by: Immediate and ongoing (15 September 2023)	The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded daily to ensure that medicines are stored appropriately. Ref: 5.2.2
	Response by registered person detailing the actions taken: Thermometer has been placed where the medicines are stored. This is recorded daily.

Area for improvement 7 Ref: Standard 33 Stated: First time To be completed by: Immediate and ongoing (15 September 2023)	The registered person shall ensure that medicine incidents are reported appropriately, including to RQIA. Ref: 5.2.2 & 5.2.5
	Response by registered person detailing the actions taken: The registered person now ensures that any medicine incidents are reported appropriately.

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