

# Inspection Report

<b>Name of Service:</b>	<b>Camlo Homes</b>
<b>Provider:</b>	<b>Camlo Homes</b>
<b>Date of Inspection:</b>	<b>18 November 2024</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Camlo Homes
<b>Responsible Person:</b>	Mr Stephen Emerson
<b>Registered Manager:</b>	Mrs Joanne Smart
<b>Service Profile –</b>	
<p>This home is a residential care home which provides health and social care for up to 29 residents. Residents have a range of needs and the home provides care for residents living with a mental health disorder, learning disability, residents with past or present alcohol dependence and general residential care.</p> <p>Residents have access to communal lounges, bathrooms, a dining room and a garden area to the front of the home.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 18 November 2024 between 9.30 am and 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

An Inspection Support Volunteer (ISV) was present during this inspection and their comments are included within the report. An ISV is a member of the public who will bring their own experience to our inspections and help us to assess what it is like to live in the home.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience.

One resident said, “It is a very pleasant experience.”

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents said that living in the home was “great”. Residents spoken with said described staff as, “Very caring.” Comments from residents included, “I am quite happy here, the staff are more than good,” and “I like living here.”

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, residents also confirmed that they could go out shopping when they wanted to.

Residents told us that staff offered them choices throughout the day which included preferences for food and drink options and where and how they wished to spend their time.

No questionnaires were received from residents’, relatives or visitors. No responses were received from the staff online survey.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. One resident said, “The staff take time to talk to us.”

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents’ needs were met by the number and skills of the staff on duty.

The duty rota highlighted the person in charge in the absence of the manager and competency and capability assessments were carried out for all relevant staff.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident’s needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

Staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents’ nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. An activity planner was displayed to inform residents of the activities available in the home. One resident said, “The activities are much better now, there is things more to do.” Some residents said that they preferred not to take part in these activities preferring instead to spend time chatting to friends, going into town or watching TV. Although a variety of activities were taking place, there was limited meaningful records kept of these activities. This was discussed with the assistant manager during feedback and an area for improvement was identified.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred and well maintained, however, there was limited meaningful evaluation of residents' care plans. This was discussed with the assistant manager during feedback and an area for improvement was identified.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean and tidy. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Some areas of the home required attention, for example, in one bedroom mould was found around the window, and the bolts on fire exit doors throughout the home could not be effectively cleaned due to being rusty. An area for improvement was identified for a second time.

It was observed that fire exit doors were fitted with sliding draw bars; these draw bars were rusted and difficult to open. Evidence was provided immediately after the inspection that this was addressed by the manager.

Review of records and observations of staff confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Joanne Smart has been the manager of the home since 1 April 2005.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents and said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	5*

\* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation and three standards which are carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (15 September 2023)	<p>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.</p> <p>Ref: 2</p>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2)  <b>Stated:</b> Second time  <b>To be completed by:</b> 18 November 2024	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home are kept clean and reasonably decorated.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Since employing two domestics, the over all cleanliness has improved but at the time of inspection it was noted that mould was present within a bedroom. The occupant had been washing his clothes in his sink and hanging them wet in his room to dry. Management have spoken to him and he is now happy to use the main laundry facilities instead. The mould has been treated and this will continue to be monitored.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (15 September 2023)	<p>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.</p> <p>Ref: 2</p>
	<b>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.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (15 September 2023)</p>	<p>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.</p> <p>Ref: 2</p> <p><b>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.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (15 September 2023)</p>	<p>The registered person shall ensure that medicine incidents are reported appropriately, including to RQIA.</p> <p>Ref:2</p> <p><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2024</p>	<p>The registered person shall ensure that a meaningful record is kept of all activities that take place within the home.</p> <p>Ref:3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Due to not recording some activities provided, we have spoke to staff to record any activity they may do whether it be a jigsaw or colouring. We have designed a more structured activity record which will guide the coordinator to make a more meaningful record of the activity provided.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2024</p>	<p>The registered person shall ensure that records are kept in accordance with professional and legislative requirements on each resident's situation. This area for improvement specifically refers to the evaluation of residents' care plans.</p> <p>Ref 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Management are going to do the first set of Evaluations in January to help the care staff see what will need to be included going forward. It is understood there is not enough detail and careplans seem out of date. This is will continue to be met throughtout the next month or two as we work through updating our folders.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



## The Regulation and Quality Improvement Authority

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