

Inspection Report

Name of Service: Camlo Homes

Provider: Camlo Homes

Date of Inspection: 17 July 2025

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 Person:	Mr Stephen Emerson
Registered Manager:	Mrs Joanne Smart
Service Profile –	
<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 17 July 2025 between 9.55 am and 6.30 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 18 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience and that the staff were all “very good”.

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 two 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 resident's, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 described staff as "dead on" and "more than good". Residents spoken with said that they were happy living in Camlo Homes. Comments included, "It's alright here, I like my room," "It is first class," and "I love it here, the best place I have ever been."

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff said that they enjoyed working in the home, staff said; "There is good teamwork, everyone is very helpful," and "This is a nice place to work, we all work well together."

Seven questionnaires were returned from residents, who all confirmed that they were happy with the care provided at the home. Comments included, "brilliant", "staff look out for you," and "happy with everything."

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 a lack of robust oversight of the recruitment process within the home. For example, in one recruitment file references had not been obtained from the most recent employer, in a second recruitment file the employment history was not completed. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

A review of staff training indicated some staff had not attended fire evacuation drill training within the required timeframe, an area for improvement was identified.

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 residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that 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 were also observed offering residents choice in how they wanted to engage socially with others.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents commented positively about the food in the home, one resident said, “the cook is brilliant, that food was lovely.”

The importance of engaging with residents was well understood by the manager and staff. Some residents said that they preferred not to take part in 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 during feedback and an area for improvement was stated for a second time.

Review of records and discussion with residents confirmed that residents were encouraged to participate in regular residents’ meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

‘All about me’ information was completed with residents and this helped to increase staff knowledge of their residents’ interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

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.

It was positive to see improvement in residents’ care records. Care plans were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs. Care staff recorded regular evaluations about the delivery of care. 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.

It was noted that some risk assessments were not up to date and did not reflect the contents of the care plans, this was discussed during feedback and an area for improvement was identified.

3.3.4 Quality and Management of Residents’ Environment

The home was clean and tidy and residents’ bedrooms were personalised with items important to them. Whilst there was evidence of improvements to the home in relation to the décor, there was evidence that some other parts of the home were showing signs of wear and tear.

For example, a window in one bedroom needed replacing, there were cracked tiles noted on the top floor and some chairs were worn and in need of recovering / replacing. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. It was noted that one action from the most recent fire risk assessment had not been completed within the timescale required, however the manager provided evidence that she was aware of this and had taken steps to address this issue. this will be reviewed at the next inspection.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the safety of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

Residents and staff commented positively about the manager and the deputy manager and describe them as supportive, approachable and able to provide guidance. One member of staff said, "We have great support from our managers."

Review of a sample of records evidenced that a system for reviewing the quality of care, the environment and staff practices was in place. However, there was limited evidence of managerial oversight of the actions identified from recent audits, this was discussed during feedback and an area for improvement was identified.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. However; accidents and incidents records were not always fully and accurately completed. An area for improvement was identified.

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
Total number of Areas for Improvement	2*	9*

* the total number of areas for improvement includes one standard 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 the management team, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (15 September 2023)</p>	<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: 2.0</p>
	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.
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure that all staff recruited to the home have a reference form the most recent employer and that there is evidence that all gaps in employment have been are addressed.</p> <p>Ref: 3.3.1</p>
	Response by registered person detailing the actions taken: Management will ensure a reference is obtained from the candidates most recent employer. The employment checklist has been updated and includes a section to prompt management to explore any gaps in employment.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.9</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2025</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: 2.0 & 3.3.2</p>
	Response by registered person detailing the actions taken: The activity records are recorded more frequently and staff reminded to record any acitivity they do, including one to one sessions.

<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (15 September 2023)</p>	<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: 2.0</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 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: 2.0</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: 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:2.0</p> <p>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.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The next fire drill has been scheduled for the 01/09/25 to ensure the remaining few staff can take part in the yearly fire evacuation drill.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that risk assessments are kept under continual review and amended as changes occur.</p> <p>Ref 3.3.3</p>

<p>To be completed by: 31 July 2025</p>	<p>Response by registered person detailing the actions taken: Staff will continue to monitor change in the needs of the service user and alter changes as necessary. This is highlighted on the care staff yearly planner.</p>
<p>Area for improvement 7 Ref: Standard 27 Stated: First time To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed. Ref:3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The areas for improvement are being addressed at present. Tiles have been replaced and communal sofa is awaiting collection. Condition of the window in RM:2 has been addressed. Painting plan for scuffs has been drawn up, awaiting appointment of painter.</p>
<p>Area for improvement 8 Ref: Standard 22.4 Stated: First time To be completed by: 17 July 2025</p>	<p>The registered person shall ensure that the records held within the home are complete, accurate and up to date. This is in relation to the recording of accidents and incidents with in the home. Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been given direction on how to complete these forms correctly. Management will monitor these as they are completed.</p>
<p>Area for improvement 9 Ref: Standard 20 Stated: First time To be completed by: 17 July 2025</p>	<p>The registered person shall ensure that in order to ensure service improvement the manager evidences clear oversight of the auditing system within the home. Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: The most recent audits carried out for July now show that areas needing improvement have a plan of action with complete date.</p>

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews