

Inspection Report

23 May 2024



Camlo Homes

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: 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: Ms Louise Hollinger, deputy manager	Number of registered places: 29
Categories of care: Residential Care (RC) 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. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 20
Brief description of the accommodation/how the service operates: This home is a Residential Care Home which provides 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 23 May 2024, from 9.20 am to 5.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in Camlo Homes was a good experience. Residents confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences. Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

New areas for improvement were identified in relation to, the duty rota, team meetings, supplementary documentation, the general environment, care of substances hazardous to health (COSHH), the storage of thickening agents, infection prevention and control measures (IPC), activities and governance.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Louise Hollinger, deputy manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they were happy in Camlo Homes and described the staff as “very good” and “nice”. Residents’ comments included, “I am very lucky to be here, the staff are very good” and “I am happy here, I have no complaints.”

Staff spoke positively in terms of the provision of care in the home. One staff member said “The residents are well cared for; this is a good place.”

All staff spoken to highlighted the importance of taking a person centred approach when working alongside the residents.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments included, “you are amazing,” and “it is really lovely here.”

After the inspection, one questionnaire was returned by a resident. This respondent confirmed that the care was good, the staff were kind, the home was well organised and well led. the resident commented, “Staff always check that I am feeling alright.”

No additional feedback was received from relatives or staff following the inspection.

A record of compliments received about the home from relatives and visiting professionals was kept and shared with the staff team; this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 15 th September 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	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.	Carried forward to the next inspection
	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.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time.</p> <p>See section 5.2.1 for further details.</p>	<p>Not met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time.</p> <p>See section 5.2.1 for further details.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 6.2 & 6.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each resident has an individual, personalised and up to date care plan.</p> <p>Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time.</p> <p>See section 5.2.2 for further details.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 31 Stated: First time	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.	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 6 Ref: Standard 32 Stated: First time	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.	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 7 Ref: Standard 33 Stated: First time	The registered person shall ensure that medicine incidents are reported appropriately, including to RQIA.	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that all staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff demonstrated knowledge of their roles and responsibilities regarding adult safeguarding, infection control and Deprivation of Liberty Safeguards (DoLS).

Although the staff duty rota identified the person in charge of the home in the managers' absence and accurately reflected the staff working in the home on a daily basis, it did not accurately reflect the capacity in which they worked. This was discussed with the deputy manager during feedback. An area for improvement was identified.

Competency and capability assessments for the person in charge had not been fully completed and lacked oversight by the manager. This was discussed with the deputy manager during feedback, and this area for improvement was stated for a second time.

There were no records available of staff team meetings, and the deputy manager informed us that due to staffing difficulties they had to be postponed and no new dates had been arranged. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. One staff member said, "We support each other here, we are a good staff team."

There was mixed feedback from both staff and residents' regarding the staffing arrangements in the home. Management and care staff were responsible for cleaning, cooking and the provision of social and group activities, in addition to their caring and managerial roles. This had impacted the cleanliness of the home, the availability of activities, and the completion of some governance records. The deputy manager advised that recruitment was ongoing. An area for improvement was stated for a second time; and additional areas for improvement were identified as outlined in sections 5.2.3, 5.2.4 and 5.2.5.

5.2.2 Care Delivery and Record Keeping

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

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Residents' needs were assessed 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 plans were in the process of being updated by the staff team. Although good progress had been made, it was acknowledged that further improvements were needed, in regard to Deprivation of Liberty Safeguards (DoLs) and records for those residents who required a modified diet. This was discussed with the deputy manager and an area for improvement was stated for a second time.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. However, deficits were identified in the recording of supplementary care records, for example the wrong information was provide with regards to modified diets on the daily handover sheets. This was discussed during feedback and an area for improvement was identified.

Each resident had an annual review of their care, this review included the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Some areas of the home were not clean or required further cleaning such as sink areas, communal toilets and a shower chair. One toilet seat required replacement. Details were shared with the deputy manager who advised how cleaning duties were allocated in the absence of domestic staff. This is to be reviewed by management while recruitment is ongoing and an area for improvement was identified.

A cleaning store and a cupboard containing hazardous substances were found to be unlocked. This was highlighted to the deputy manager during the inspection for immediate action. In addition to this it was also noted that a thickening agent was not safely and securely stored. This was brought to the attention of the deputy manager during feedback. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. There was evidence throughout the home of homely touches for example, books, magazines and artwork.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

PPE stations were sufficiently stocked with aprons and gloves. Staff use of PPE and hand hygiene was monitored by the manager and records were kept. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; on the day of the inspection, some staff were wearing gel nail polish. This was discussed with both the staff and the deputy manager during feedback for action. An area for improvement was identified.

5.2.4 Quality of Life for Residents

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 could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

One resident told us “we only do activities on a Tuesday and a Thursday, because staff don’t have time”, while another resident told us “the staff are very good, we do some activities but the staff are a bit short.”

There was no evidence of planned, structured activities for the residents. A planned programme of activities and events is important as it promotes the social, emotional and psychological wellbeing of the residents in the home. This was discussed with the deputy manager for review and action. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However, auditing of both care and services was inconsistent. Audits of care files were not robust in identifying shortfalls in documentation. This was discussed with the deputy manager who agreed to put an action plan in place to ensure all audits were completed and action plans addressed. this will be reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

Residents said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well. One resident told us, “the staff listen to you and if there are any problems, they try to sort it out.”

Staff commented positively about the manager and described her as ‘brilliant’ and ‘very helpful.’

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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 (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	3*	11*

* the total number of areas for improvement includes three standards that have 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 person in charge, 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: 5.1 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.
Area for improvement 2 Ref: Regulation 27 (2) Stated: First time To be completed by: 23 May 2024	The registered person shall ensure as far as reasonably practicable that all parts of the home are kept clean and reasonably decorated. Ref: 5.2.3 Response by registered person detailing the actions taken: On the 3rd of June, two domestics were employed and this ensures that there is domestic cover daily. Cleaning plan has been put in place with new recording sheets insitu.

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 May 2024</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. This includes, but is not limited to, the home's COSHH stores and access to thickening agents.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff have been reminded the importance of keeping cleaning cupboards locked at all times. New notices highlighting this has been put on door as a prompt. Staff have been asked to pay particular attention to cleaning stores when carrying out their checks. Thickening agent is no longer kept in the kitchen and is locked in the medicine cupboard. It is removed by staff on immediate use.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</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:5.1</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 2</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: 5.1</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 33</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicine incidents are reported appropriately, including to RQIA.</p> <p>Ref:5.1</p>

<p>To be completed by: Immediate and ongoing (15 September 2023)</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 25</p> <p>Stated: Second time</p> <p>To be completed by: 4 April 2023</p>	<p>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.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: With the appointment of two domestic assistants who deal specifically with the cleaning, care staff are able to dedicate their time to care and activity needs. Recruitment process for a second cook remains on-going.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: 4 April 2023</p>	<p>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.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: A more detailed assessment has been drawn up and the manager is in the process of completing these assessments for those who have responsibility in being charge of the home.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.2 & 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 4 April 2023</p>	<p>The registered person shall ensure that each resident has an individual, personalised and up to date care plan.</p> <p>Ref: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and changes have been made as needed. Updates to DOLS and modified diets have been completed.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person shall ensure a record is kept of staff working over a 24-hour period and the capacity in which they worked.</p> <p>Ref: 5.2.1</p>

<p>To be completed by: 23 May 2024</p>	<p>Response by registered person detailing the actions taken: The staff rota has been adjusted to highlight the capacity in which staff are working. There can be occasions that a staff member can have dual roles throughout the week.</p>
<p>Area for improvement 8 Ref: Standard 25.8 Stated: First time To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that staff meeting take place on a regular basis. Ref 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff meeting took place on the 4th June 2024. Fairly good attendance. Minutes have been printed for all to read. Discussed areas for improvement from the recent inspection and adjustments to shift routines.</p>
<p>Area for improvement 9 Ref: Standard 22.4 Stated: First time To be completed by: 23 May 2024</p>	<p>The registered person shall ensure that all supplementary documentation is accurate and up to date. This is with specific reference to information on modified diets. Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The supplementary documentation relating to those on modified diets has been checked and the most recent documentation is both in care files and daily handover file.</p>
<p>Area for improvement 10 Ref: Standard 35 Stated: First time To be completed by: 23 May 2024</p>	<p>The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual. Specifically, that all staff remain bare below the elbows while on duty. Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the IPC measures and management will address this to each staff member as necessary.</p>

<p>Area for improvement 11</p> <p>Ref: Standard 13.1 and 13.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2023</p>	<p>The registered person shall ensure that the home offers a structured programme of varied activities and events.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A program of activities and events is now in place on the notice board. A member of staff is looking at cordinating this.</p>

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