



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Colorado (1151)
Date of Inspection: 11 December 2014
Inspector's Name: Laura O'Hanlon
Inspection No: IN016958

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1.0 General information

Name of home:	Colorado
Address:	102 Lisnagole Road Lisnaskea Co Fermanagh BT92 0QF
Telephone number:	028 677 21486
Email address:	trudie18@btinternet.com
Registered Organisation/ Registered Provider:	Mrs Eileen Scott
Registered Manager:	Mrs Eileen Scott
Person in charge of the home at the time of inspection:	Ms Trudie Scott Deputy Manager
Categories of care:	RC-I RC-PH (E) RC-PH RC-DE
Number of registered places:	9
Number of residents accommodated on day of Inspection:	7
Scale of charges (per week):	As per Trust rates
Date and type of previous inspection:	26 June 2013 Primary Announced
Date and time of inspection:	11 December 2014 9.45am – 4.15pm
Name of Inspector:	Laura O'Hanlon

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the Deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	3 including deputy manager
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	4	3

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of Service

Colorado residential care home is situated in its own grounds off the main Maguiresbridge/Lisnaskea Road in Co Fermanagh. The home occupies an expansive, elevated and landscaped site which affords the residents' privacy and security.

Mrs Eileen Scott is the proprietor/registered manager of the home and is assisted by her daughter Ms Trudie Scott, deputy manager, in addition to a team of care staff.

The home is registered to provide care under the following categories:

- RC - I Old age not falling into any other category
- RC - PH Physical disability other than sensory impairment
- RC - PH (E) Physical disability other than sensory impairment – over 65 years
- RC - (DE) Dementia - A maximum of four residents in DE category of care (mild to moderate dementia). No further persons, over and above the maximum of four in DE category of care, should be admitted into the home without authorisation from RQIA.

The home comprises of nine single bedrooms, two sitting rooms, a dining area, kitchen, a number of toilets/bathroom and an office. The home is surrounded by gardens with car parking spaces available at the front and rear of the premises.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed and was appropriately displayed in the home.

8.0 Summary of Inspection

This primary announced care inspection of Colorado was undertaken by Laura O'Hanlon on 11 December 2014 between the hours of 9.45am and 4.15pm. Ms Trudie Scott, Deputy Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The three requirements and five recommendations made as a result of the previous inspection were also examined. Based on the information in the returned quality improvement plan and the findings of this inspection it was concluded that these requirements and recommendations have been addressed. The outcome of the actions taken can be viewed in the section following this summary.

Prior to this inspection in June 2014, Mrs Eileen Scott completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Scott in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used within this home and would only ever be considered in an emergency situation as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The deputy manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of three care records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Colorado was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions.

Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. A staff member has independently undertaken a course to assist her in the provision of an activity within the home. The deputy manager is also currently undertaking training in activities provision. Both these staff are to be commended for their efforts. The evidence gathered through the inspection process concluded that Colorado is compliant with this standard.

Residents' Consultation

During the course of the inspection the inspector met with all seven residents. During discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were comfortable in their environment and were praising of staff.

Staff Consultation

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Staff advised that management were approachable at any time should a concern arise.

Comments received from residents and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. This is a small family operated establishment with a similar ethos to a domestic family based home. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. Residents were able to move freely within the home.

Environment

The atmosphere in the home was friendly and welcoming. The inspector undertook a tour of the environment and viewed the residents' bedrooms and communal areas. The areas viewed by the inspector presented as clean, warm and comfortable. Residents' bedrooms were personalised and the home was effectively decorated for the festive period.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting, registered provider visits and fire safety. Further details can be found in Section 11.0 of the main body of the report.

One requirement was made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the deputy manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 26 June 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (4) (d) (iv)	The registered person shall make adequate arrangements for the maintenance of all fire equipment.	The returned quality improvement plan and discussion with deputy manager confirmed that fire equipment has been secured in accordance with suppliers' advice. Inspection of the environment confirmed that this requirement has been addressed.	Compliant
2	21 (4) (b) (i) Schedule 2 (6)	The registered person shall not employ a person to work at the residential care home unless a full employment history, together with a satisfactory written explanation of any gaps in employment is obtained prior to any employee taking up post. Ref: Criterion 19.2	The returned quality improvement plan and discussion with deputy manager confirmed that a full employment history and written explanation of gaps in employment is sought prior to any employee taking up post. Written explanation of gaps was evidenced on the day of inspection which confirmed that this requirement has been addressed.	Compliant
3	13 (8) (a)	The registered person shall make suitable arrangements to ensure that the home is conducted in a manner which respects the privacy and dignity of residents.	The returned quality improvement plan and discussion with the deputy manager confirmed that this specifically related to a bathroom downstairs. A proper locking system is now in place to address this requirement.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.1	<p>It is recommended that the care review policy be reviewed to include the frequency of care review meetings.</p> <p>Ref: Criterion 11.1</p>	<p>The returned quality improvement plan and discussion with the deputy manager confirmed that the care review policy has been updated. The care review policy was available on the day of inspection and included the frequency of care review meetings which evidenced this recommendation has been addressed.</p>	Compliant
2	16.1	<p>It is recommended that the safeguarding of vulnerable adults' policy be reviewed to include the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details.</p> <p>Ref: Criterion 16.1</p>	<p>The returned quality improvement plan and discussion with deputy manager confirmed that the vulnerable adults' policy has been reviewed. The vulnerable adults policy was available on the day of inspection and included the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details which evidenced this recommendation has been addressed.</p>	Compliant
3	20.18	<p>Review the whistle blowing policy to ensure it includes the contact details for a range of relevant organisations to whom staff may report poor practice.</p> <p>Ref: Criterion 16.3</p>	<p>The returned quality improvement plan and discussion with the deputy manager confirmed that the whistle blowing policy has been reviewed. The whistle blowing policy was available on the day of inspection and included the contact details for a range of relevant organisations to whom staff may report poor practice which evidenced this recommendation has been addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
4	19.1	<p>It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p>Ref: Criterion 19.1</p>	<p>The returned quality improvement plan and discussion with the deputy manager confirmed that the policy for staff recruitment has been amended. The policy was available in the home on the day of inspection which evidenced that this recommendation has been addressed.</p>	Compliant
5	19.2	<p>It is recommended that the template used in the completion of staff references be reviewed to include a section for the referees signature and date of completion.</p> <p>Ref: Criterion 19.2</p>	<p>The returned quality improvement plan and discussion with the deputy manager confirmed that the staff reference template has been amended. A staff reference template was available on the day of inspection and included a section for date and signature of referee which evidences that this recommendation has been addressed.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment Staff are familiar and understand each individual resident’s usual conduct, behaviours and means of communication. All staff members are trained on Challenging Behaviour, Risk Assessment and Vulnerable adults and therefore are aware on how to respond and on use of intervention methods to promote positive outcomes for residents. This training has reflected DHSSPS guidance and Human Rights Act (1998) enacted (2000), and how this is applied to our Residential Care Home Setting. Staff are aware that care practices which impact on the Human Rights of residents are undertaken only, if in accordance with the involvement and approval of a HSC Trust and recorded within the resident care plan.	Compliant
Inspection Findings: The home had a policy ‘Responding to residents behaviour’ dated 1 June 2014 and a policy on Restraint dated 10 May 2014. A review of these policies identified that they reflected DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). These policies included the need for Trust involvement in managing behaviours which challenge. They detailed that RQIA must be notified on each occasion when restraint is used. Observations of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records identified that 11 care staff had received training in Managing Challenging Behaviour on 1 May 2014 and three new staff have completed this on 10 December 2014. This training was delivered by WHSCT and incorporated a human rights approach.	Compliant

<p>A review of three residents care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of residents usual routines, behaviours and means of communication. Staff were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of returned staff questionnaires identified that staff are provided with training and support and are aware of residents’ rights.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>When a resident’s behaviour is uncharacteristic and causes concern, staff are trained to seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager Eileen or supervisor in charge of the home at the time and monitor the situation. Where appropriate, they will make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The homes policies on ‘Responding to residents behaviour’ dated 1 June 2014 and on Restraint dated 10 May 2014 included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents’ care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the Trust, relatives and RQIA • Agreed and recorded response(s) to be made by staff 	Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and/or person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents’ uncharacteristic behaviour.</p> <p>A review of the records confirmed that relatives were informed appropriately.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	
<p>Provider’s Self-Assessment</p>	
<p>If a resident continually needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident, their representative where appropriate, the staff member drawing it up and the registered manager.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Where necessary to incorporate a specific behaviour management programme, this is first approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The deputy manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore this criterion was not applicable at this time.</p>	Not applicable
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Whenever a behaviour management programme is implemented for any resident, staff are provided with ongoing necessary training, guidance and support.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of staff training records identified that 11 care staff had received training in Managing Challenging Behaviour on 1 May 2014 and three new staff have completed this on 10 December 2014.</p> <p>The deputy manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore this criterion was not applicable at this time.</p> <p>Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided within the home, supervision and quarterly staff meetings.</p>	Not applicable

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Any incident managed outside the scope of a resident’s care plan, will be recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where it is felt necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from 1 April 2014 and discussions with staff identified that Residents’ representatives and Trust personnel were informed. Whilst it is acknowledged that many notifications were received by RQIA, a requirement is made to ensure that from the date of this inspection, RQIA is to be notified of all accidents and incidents.</p> <p>A review of three care plans identified that they had been updated and reviewed and that when a resident became unwell the relevant professional had been contacted appropriately and promptly.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The Colorado believes that restraint should only be used as a last resort by appropriately trained staff to protect the resident or other persons, and only when other less restrictive strategies have been unsuccessful. For all instances when restraint is used, records will be kept.</p>	Compliant
Inspection Findings:	
<p>Discussions with residents and staff, examination of care records and observation of care practices confirmed that restraint is not currently used within the home.</p> <p>Residents confirmed during discussion that they are involved in decisions which affect their care.</p>	Compliant

A review of the Statement of Purpose details that restraint would only be used within the home as a last resort.	
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PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Colorado's programme of activities and events aims to provide positive outcomes for residents and is based on the identified needs and interests of residents.	Compliant
Inspection Findings:	
The home had a policy in place on Activities and Events dated 21 February 2014. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents' Guide provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme is extensive and includes activities that are enjoyable, purposeful so that they are for example beneficial to the service users physical or mental health, age and culturally	Compliant

<p>appropriate and takes into account the residents’ spiritual needs. The activity programme promotes healthy living, is flexible and responsive to residents’ changing needs and therefore is constantly under review and facilitates social inclusion in community events.</p>	
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected the residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. Care staff also confirmed that the duration of activity depends upon the needs and abilities of residents on that day.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>All our residents opinions are important, including those residents who generally stay in their rooms, they are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities, as we believe that this is as much their home as it is ours.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities within quarterly residents’ meetings, individual discussions with staff and satisfaction questionnaires as part of annual quality review.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The programme of activities is displayed on the communal noticeboard in the lounge. In large print format and some pictorial format so that residents and their representatives know what is scheduled.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of inspection the programme of activities was on display in the sitting room. This location was considered appropriate as this area was used by all the residents.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents’ needs.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Our residents are our priority and therefore there are no limits, to enabling those who wish to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Activities are provided for one to two hours daily by designated care staff depending on the needs of the residents.</p> <p>Care staff and residents confirmed that there was an acceptable supply of equipment available. This equipment included skittles, board games, jigsaws, paints and bingo.</p> <p>The deputy manager confirmed that activity provision is financed through fund raising within the home.</p>	<p>Compliant</p>

<p>A staff member has independently undertaken a course to assist her in the provision of an activity within the home. The deputy manager is also currently undertaking training in activities provision. Both these staff are to be commended for their efforts.</p>	
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating, this is generally assessed on a daily bases and pending on the residents health and well being at that particular time.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The deputy manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Where a person contracted-in by the home, the registered manager will either obtain evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The deputy manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore this criterion is not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>It is protocol where a person contracted-in to do so by the home, that staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback. Feedback is normally discussed during or after activities and noted in the activity file.</p>	Compliant
Inspection Findings:	
<p>The deputy manager confirmed that there are no outside agencies contracted to provide activities in the home.</p> <p>The deputy manager confirmed that visiting entertainers or church groups who visit the home would be advised of any change in residents’ needs which would affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>A file is kept to record all activities that take place, which includes the person leading the activity and the names of the residents who participate.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in/ or observed the activity.</p> <p>There was evidence that appropriate consents are in place in regard to photography.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment The programme is reviewed quarterly or more often if necessary considering changing needs of residents to ensure it meets their holistic needs.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the programme of activities identified that it had been reviewed at quarterly residents’ meetings in January, April, September and December 2014. The deputy manager confirmed that planned activities were also changed at any time at the request of the residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. Evidence was shown on the day of inspection where residents had expressed a particular interest or suggestion and this had been facilitated by the home.</p>	<p>Complaint</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

11.0 Additional Areas Examined

11.1 Residents' Consultation

The inspector met with seven residents individually. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated. Good attention to personal detail was noted.

Comments received included:

- "Couldn't ask for better, I always get my daily paper"
- "Food is really good, plenty of potatoes and vegetables"
- "Staff are excellent; they assist me to the toilet during the night".

11.2 Relatives/Representatives' Consultation

No relatives/representatives visited the home during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff and three staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "Residents receive good home cooking"
- "Residents are offered choice of food"
- "Brilliant to work here"
- "There are always ample staff in place".

11.4 Visiting Professionals' Consultation

No visiting professionals visited the home during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed with good attention to personal appearance observed. Residents were able to move freely within the home.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records from 1 January 2014 to 11 December 2014 evidenced that one complaint was recorded. This complaint was investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.8 Environment

The atmosphere in the home was found to be friendly and welcoming. The inspector viewed the home accompanied by the deputy manager and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. The home was tastefully decorated for the festive period.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 24 November 2014. A review revealed no issues were recorded.

A review of the fire safety records evidenced that fire training had been provided to staff on 22 November 2014. The records also identified that an evacuation had been undertaken on 22 November 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro-forma was completed by Mrs Eileen Scott. Mrs Scott confirmed that all staff employed at the home, including agency and bank staff, had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by Registered Provider

A review of the visits by the registered provider confirmed that these had been completed by Mrs Scott on a monthly basis.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Trudie Scott, Deputy Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Primary Announced Care Inspection

Colorado

11 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Trudie Scott, Deputy Manager during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	30 (1) (f)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any accident in the home;</p> <ul style="list-style-type: none"> Reference to this is made in that RQIA must be notified of all accidents and incidents. 	One	Under new guidance all incidents and accidents will be reported to RQIA.	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Eileen Scott
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Eileen Scott

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	13 January 2015
Further information requested from provider			