



The Regulation and  
Quality Improvement  
Authority

Colorado  
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**Unannounced Care Inspection  
of  
Colorado**

**3 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 3 September 2015 from 10.00 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Colorado	<b>Registered Manager:</b> Eileen Elizabeth Scott
<b>Person in Charge of the Home at the Time of Inspection:</b> Trudie Scott	<b>Date Manager Registered:</b> 1/4/2005
<b>Categories of Care:</b> RC-DE, RC-PH, RC-I, RC-PH(E)	<b>Number of Registered Places:</b> 9
<b>Number of Residents Accommodated on Day of Inspection:</b> 6	<b>Weekly Tariff at Time of Inspection:</b> £480.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from last inspection, returned complaints information and notifications of incidents and accidents.

We met with six residents, three care staff, the deputy manager and the registered manager.

We inspected the following records: three care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to continence management and death and dying.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 11 December 2014. The completed QIP was returned and was approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 30 (1) (f)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any accident in the home;  • Reference to this is made in that RQIA must be notified of all accidents and incidents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records and accident/incident records confirmed that RQIA had been informed as required.	

## 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

### Is Care Safe? (Quality of Life)

The deputy manager confirmed to us that residents can and do spend their final days in the home unless there are documented health care needs to prevent this. The deputy manager and staff shared their experiences of recent deaths in the home.

The home had a spiritual ethos. Clergy and lay ministers visited the home on a regular, planned basis. Such visits were consistently recorded within residents care records.

In our discussions with the deputy manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences. The staff shared their experiences of dealing with a deceased resident.

We reviewed a sample of compliment letters and cards. Some of these were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

## **Is Care Effective? (Quality of Management)**

We noted that the home had a written policy in place on dealing with dying and death.

The deputy manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

The deputy manager confirmed that training has been completed by two staff members in February 2015 and disseminated to all other staff. There was ample literature and resources in place to assist staff in caring for a dying person. This literature was read by staff members. This is to be commended.

We noted that end of life wishes were recorded within care records. These documents detailed the wishes of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. This document was signed by the resident and/or their representative. This document is reviewed at care management reviews. This practice is to be commended.

## **Is Care Compassionate? (Quality of Care)**

In our discussions with staff and the deputy manager they shared their experience of recent deaths in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

The deputy manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the staff they confirmed that residents were assisted to visit the deceased resident if they so wished.

## **Areas for Improvement**

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **Theme: Residents receive individual continence management and support**

### **Is Care Safe? (Quality of Life)**

We reviewed three care records. We found that a current needs assessment was completed and that care plans were in place. Assessments and care plans reflected the changing needs of the resident. Care plans were signed appropriately. A specific care plan was in place for those with continence needs. The daily progress notes recorded that continence aids were reviewed on a monthly basis to ensure effectiveness of planned care.

We spoke with staff members. They were able to describe the system of referral to community District Nursing services for specialist continence assessment.

There was ample literature and resources in place to assist staff in the management of continence. This literature was read by staff members. This is to be commended. In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available.

### **Is Care Effective? (Quality of Management)**

We found that the home had a policy in place on continence promotion.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

### **Is Care Compassionate? (Quality of Care)**

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

### **Areas for Improvement**

There were no areas of improvement identified with the theme inspected. Overall, this theme is assessed to be met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Additional Areas Examined**

### **5.4.1 Residents Views**

We met with six residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Some comments made were:

- “I am very happy here; the food is powerful”
- “I am so happy in here”
- “I love it in here, there are always plenty of staff around. I have grown my own vegetables in here”

### **5.4.2 Staff Views**

We spoke with two staff members individually, in addition to the deputy manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- “Working here is like a big family. The care provided here is brilliant. If there is anything we want the management provide it”
- “It’s like home from home, good home cooking. Everyone’s needs are catered for individually”

Ten staff questionnaires were distributed during the inspection. None were returned to RQIA within the required timeframe.

### **5.4.3 Environment**

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

### **5.4.4 Care Practices**

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed.

### **5.4.5 Accidents / Incident reports**

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

#### **5.4.6 Fire Safety**

We confirmed that the home's most recent fire safety risk assessment was dated 24 November 2014.

We reviewed the fire safety records and could confirm that fire safety training was undertaken on 18 April 2015. The deputy manager confirmed that a fire drill took place on 18 April 2015. This was also recorded within fire safety records.

The records identified that different fire alarms have been tested weekly with written records maintained. There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

#### **5.4.7 Complaints /Compliments records**

Following an inspection of complaint records and in our discussion with the deputy manager we confirmed that complaints had been managed appropriately.

#### **Areas for Improvement**

There were no areas of improvement identified within these additional areas inspected.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	<i>Eileen Satt</i>	<b>Date Completed</b>	21.09.15
<b>Registered Person</b>	<i>Eileen Satt</i>	<b>Date Approved</b>	21.09.15
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	21.9.15

Please provide any additional comments or observations you may wish to make below:

I have made enquiries with the staff and all 10 of the staff questionnaires have been returned..within the report it states that no questionnaires have been returned??? Regards Trudie

***\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.