

Inspection Report

9 July 2024



Colorado

Type of service: Residential Care Home
Address: 120 Lisnagole Road, Lisnaskea, BT92 0QF
Telephone number: 028 67 721 486

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation/Registered Provider: Colorado</p> <p>Registered Person: Mr Marcus Scott</p>	<p>Registered Manager: Ms Trudie Helen Scott</p> <p>Date registered: 9 April 2020</p>
<p>Person in charge at the time of inspection: Ms Trudie Helen Scott, Manager</p>	<p>Number of registered places: 9</p> <p>A maximum of 4 residents in DE category of care (mild to moderate dementia). No further persons, over and above the maximum of 4 in DE category of care, should be admitted into the home without authorisation from RQIA.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 9</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>Colorado is a residential care home registered to provide health and social care for up to nine residents. Residents have access to a lounge, dining room and garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 July 2024, from 9.20 am to 2 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since 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 spoke positively about living in Colorado and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

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 residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "The staff are excellent", "I have everything I need here", "This is like home from home", "Very happy here" and "We have been very blessed".

Ten questionnaires were returned. Eight from residents and two from relatives. The respondents were very satisfied with the overall provision of care. Comments included: "High standard of excellent care", "Safe, cheerful, pleasant home", "We could not ask for any more", "We feel the care and support provided to (relative) is excellent and could not be better", "(I) feel very safe" and "They (staff) are very kind, friendly and really do show care".

During the inspection, two relatives spoke very positively regarding the overall provision of care. Comments included: "This is a great home", "The staff are excellent", "The communication from

the manager and staff is excellent”, Great care here” and “I wouldn’t want my (relative) to be anywhere else”.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: “Trudie (Manager) is amazing” and a further staff member said: “Great place to work”.

There were nine responses received from the online survey; eight from staff and one from a relative. All respondents were very satisfied with the overall provision of care. Some of the comments included: “I love my job”, “It’s a great place. Trudy (Manager) is brilliant with us all, treats everyone so kind and caring always about to help”, “Colorado is an amazing place to work. Residents and staff are treated like family”, “Friendly, caring home with lovely residents and great staff”, “The staff are so caring I feel so content that (relative) is safe and feels so much a part of the family atmosphere”, “Excellent management and service users well treated and looked after”.

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 17 August 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that all staff are recruited and employed in accordance with relevant statutory employment legislation.	Met
	With specific reference to ensuring a pre-employment health assessment is obtained.	
	Action taken as confirmed during the inspection: Review of a sample of recruitment records and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of staff competency and capability assessments for the person in charge in the absence of the manager found these to be completed.

A system for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC) was in place and reviewed regularly by the manager.

Review of a sample of staff recruitment and induction records evidenced that relevant pre-employment checks had been obtained prior to commencing employment.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of the training matrix evidenced that the dates for some training had expired and a number of training topics had not been included, such as; Deprivation of Liberty Safeguards (DoLS), dysphagia and dementia. This was discussed with the manager and following the inspection, written confirmation was received that the training matrix had been updated.

A system was in place to ensure that staff received supervisions and appraisals. Staff confirmed that they received regular supervisions/appraisals and evidence of such was available within staff files.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

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.

Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated and were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes.

Staff described how they were made aware of residents' individual nutritional and support needs and any recommendations made by the Speech and Language Therapist (SALT). A discussion was held with the manager regarding one resident's level of supervision during the lunch time meal not being fully adhered to in accordance with SALT recommendations; this was immediately addressed and the manager agreed to monitor this going forward.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Review of a sample of these records evidenced that the date had not been fully recorded. Details were discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

Review of a sample of care records evidenced that they were regularly reviewed. Some discrepancies were identified and discussed in detail with the manager who agreed to have these reviewed. Following the inspection written confirmation was received that all relevant care records had been reviewed and updated as necessary.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include 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 and retained within the residents care file.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. Bedrooms and communal areas were suitably furnished, clean, tidy and comfortable. Outdoor spaces and gardens were well maintained with areas for residents to sit.

Surface damage was evident to a number of cupboard doors within the kitchen. This was discussed with the manager who advised that the kitchen was on the home's agenda for refurbishment and confirmed that the cupboard doors would be repaired/replaced as soon as possible. This will be reviewed at a future inspection.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 5 October 2023. There were no actions required following this assessment.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. One care assistant was observed wearing nail polish. This was discussed

with the manager who confirmed the action taken to address this and to ensure that effective infection prevention and control (IPC) measures are maintained.

Observation of the environment evidenced that a number of light pull cords required covers that could be wiped clean; hand paper towels were outside of dispensers in communal bathrooms and a number of pedal operated bins were required. Following the inspection written confirmation was received that relevant action had been taken to address these issues.

5.2.4 Quality of Life for Residents

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished. One resident said: "Plenty of activities here and things to do" and a further resident said: "The staff are absolutely brilliant, every one of them".

During the inspection residents were having their hair styled by the hair dresser and were also observed watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

Residents commented positively about the food provided within the home with comments such as: "The food is like a hotel standard and such a variety", "Plenty of choices" and "The food is very nice here."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

The home was visited each month by the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Trudie Helen Scott, Manager, as part of the inspection process and can be found in the main body of the report.



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