



Unannounced Care Inspection Report 13 August 2018



Colorado

Type of Service: Residential Care Home
Address: 120 Lisnagole Road, Lisnaskea, BT92 0QF
Tel No: 028 6772 1486
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered with RQIA to accommodate a total of nine residents comprising; elderly persons, disabled people under and over sixty five years of age and four residents with dementia.

3.0 Service details

Organisation/Registered Provider: Colorado Responsible Individual: Eileen Scott	Registered Manager: Eileen Scott
Person in charge at the time of inspection: Eileen Scott	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia X4 PH – Physical disability other than sensory impairment PH (E) – Physical disability other than sensory impairment – over 65 years	Number of registered places: 9

4.0 Inspection summary

An unannounced care inspection took place on 13 August 2018 from 08.15 to 13.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There was evidence of effective leadership, management and governance which created a culture which was focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Positive responses were provided in regard to the provision of care by staff, residents and two relatives who spoke with the inspector. Positive responses were also received from residents who met with the lay assessor. No issues or concerns were raised or indicated during the inspection.

Nine completed satisfaction questionnaires returned to RQIA indicated respondents were “very satisfied” that the care provided was safe, effective, compassionate and well led.

Two complementary e-mails from relatives were received at RQIA following the inspection. All comments made were very positive regarding the provision of care, staff and management.

No areas requiring improvement were identified during this inspection.

The inspector wishes to thank the registered manager and staff on their warm welcome and cooperation throughout the inspection. The registered manager and staff are commended on the positive outcome of this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified.

Findings of the inspection were discussed with Elizabeth Scott, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent pharmacy inspection

No further actions were required to be taken following the most recent pharmacy inspection on 30 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, eight residents, two staff and one resident's relatives.

A total of nine questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine completed residents' questionnaires and two complementary e-mails by two residents' relatives were returned to RQIA following the inspection. No staff questionnaires were returned within the agreed timescale.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. Comments received are included within this report.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff

- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits undertaken
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

An inspection of the environment was undertaken.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 July 2018

The most recent inspection of the home was an unannounced pharmacy inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 January 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that are intended to help them.

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The deputy manager advised that temporary/agency staff were not used as permanent staff would work additional hours to provide cover as required.

No concerns were raised regarding staffing levels during discussion with residents, residents' relatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

A review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments reviewed were found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager and review of one staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The deputy manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the

necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records received since the previous care inspection confirmed that no safeguarding issues had occurred. The deputy manager confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained as required and a position statement prepared for April 2019.

The deputy manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

The deputy manager explained that systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans would be devised by specialist behaviour management teams from the trust and regularly updated and reviewed as necessary. The deputy manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), for example, disposable gloves and aprons, were available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The deputy manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken and analysed for themes and trends; and when necessary an action plan was developed to minimise the risk where possible.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no visible evidence of hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The deputy manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example: Control of Substances Hazardous to Health (COSHH), fire safety and manual handling.

The home had an up to date Legionella risk assessment which was dated 13 October 2018. No recommendations for improvement were made.

The home had an up to date fire risk assessment in place dated 20 August 2018. No recommendations for improvement were made. It was established that no residents smoked.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff and one resident's relatives spoken with during the inspection made the following comments:

- "We are very pleased with the care provided." (relative)
- "This is a very safe home; we are all well care for." (resident)

Nine completed questionnaires were returned to RQIA from residents, residents' / representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Positive responses were given to the lay assessor who met with residents. Comments included:

- “Couldn’t get more attention anywhere.”
- “First class home.”

No issues or comments were raised or indicated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments for example; manual handling, nutrition, falls, (as appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual resident agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents

were met within the home. For example, resident participation in the development of their person centred care plans.

The staff advised that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The four weekly rotating menus were noted to be varied and nutritious with choice of meals available. The large dining room table was observed to be nicely set for the mid-day meal with table cloth, range of condiments, napkins and drinks provided. The meal was served to residents by staff in a respectful unhurried manner. Adequate sized portions of food were served. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Discussion with the deputy manager and staff confirmed that any wound care arising was managed by community nursing services. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

Visiting health and social care professionals included the general practitioner, chiropody, speech and language therapist and district nurse. Frequently residents would attend the local chiropody clinic with a staff member. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents, complaints and environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The deputy manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information consultations, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff communicated effectively with residents. Discussion with the deputy manager and staff confirmed that management operated an "open door" policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports / latest RQIA inspection reports/annual Quality Review report / minutes of residents' meetings were available on request for residents, their representatives any other interested parties to read.

Residents, staff and two relatives spoken with during the inspection made the following comments:

- "Staff are great, they keep us fully informed." (relatives)
- "We receive training, supervision, appraisal and care is provided in keeping with the person centred care plans." (staff)

- “Yes, staff provides very good care.” (residents)

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

Comments received in correspondence received from two relatives following the inspection were as follows:

- “Fabulous at ensuring my mums needs are met.”
- “The strap line, “at home, not in a home”, is lived out daily at Colorado.”
- “Has everything that she needs and is in a comfortable, as near to home environment as she can be.”
- “I cannot think of a better place.”
- “Treated as an individual.”
- “Would wholeheartedly recommend Colorado to any one whose relative needs care.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The deputy manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The deputy manager, staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights; independence, dignity and confidentiality were protected.

Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort

in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls and nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, care review and visits by the registered provider.

Residents were consulted with at least annually about the quality of care and environment. The findings from the consultation were collated into a summary report. No negative responses were received in the survey conducted during 2018/19.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities which included, board games, arts and crafts, sing a longs and participation in religious service by the local clergy. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff and two relatives spoken with during the inspection made the following comments:

- "We always treat residents, visitors and everyone with respect, very important." (staff)
- "Staff great they always keep me informed of everything." (relative)
- "Staff great, very respectful."
-

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

Comments received in correspondence received from two relatives following the inspection were as follows:

- "Exceptional care."
- "The staff are in touch with me and we discuss the best way forward."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager who is also the responsible person was available in the home throughout the inspection. Support to the registered manager is provided by the deputy manager and a team of mixed skill care staff. The deputy manager undertook the lead during this inspection outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A wide range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The deputy manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. Policies reviewed were noted to current.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records and discussion with the deputy manager confirmed that no complaints were received since the previous care inspection. The deputy manager explained the arrangements in place to effectively manage complaints should any be received. Templates for the recording complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains many compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff for example, NISCC, National Institute of Clinical Excellence (NICE) and DoH policy/guidelines. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, continence management, documentation and record keeping

A visit by the registered provider was undertaken in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the deputy manager identified that she had a good understanding of her role and responsibility under the legislation.

The deputy manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's annual liability insurance certificate, dated 6 December 2017, were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The deputy manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The deputy manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "The manager is very supportive." (staff)
- "The manager is always about seeing to things." (relative)
- "I know who to speak to if I had a complaint." (resident)
- "Very good team work." (staff)

Nine completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

Comments received in correspondence received from two relatives following the inspection were as follows:

- “It is important to celebrate the exceptional care my mum receives.”
- “Staff super at taking my mum to regular chiropody appointments.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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