

Inspection Report

17 August 2023



Colorado

Type of service: Residential Care Home
Address: 120 Lisnagole Road, Lisnaskea, BT92 0QF
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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: Mrs Joanna Sheenan, senior care assistant, 10am – 10:20am Miss Kaitlin Crawford, senior care assistant 10:20am – 2:15pm</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 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: 8</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 17 August 2023, from 10 am to 2:15 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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 person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with eight residents and three staff during the inspection. Residents told us that they felt well cared for, enjoyed the food and that staff members were helpful and friendly. Comments included: "I love it here", "The staff are brilliant", "This is my home now", "I feel very safe here" and "Getting well looked after." Seven questionnaires were returned. Five from residents and two from relatives. The respondents were very satisfied with the overall provision of care.

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 fantastic" and a further staff member said: "I love it here". There was no feedback from the staff online survey.

Comments received during the inspection were shared with the person in charge.

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 29 September 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that all staff are recruited in accordance with the required legislation and standards.	Met
	Action taken as confirmed during the inspection: This area for improvement was specific to ensuring that gaps in employment history are explored and Enhanced Access NI certificates are not retained. Review of a sample of recruitment files and discussion with the manager following the inspection evidenced this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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.

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 whilst most pre-employment checks had been completed; relevant health assessments had not been completed and an area for improvement was identified.

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.

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.

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.

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 of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

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.

Staff members 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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Review of a sample of care records evidenced that a number of care plans did not contain sufficient details and were not fully reflective of the resident's current needs. Specific details were discussed with the person in charge and following the inspection written confirmation was received from the manager that all relevant care records had been updated.

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.

The person in charge advised that refurbishment was ongoing as required to ensure that the home is well maintained. A small number of maintenance related issues were discussed with the person in charge requiring review/repair. Following the inspection, the manager provided written confirmation of the action taken to address these issues.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 18 October 2022. There were no actions required following this assessment.

Review of a number of windows identified that they were not fitted with tamper proof restrictors and were opening wider than the recommended opening. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

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. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Observation of the environment evidenced that light/emergency pull cords required covers that could be wiped clean and hand paper towels were not available within communal bathrooms. Following the inspection written confirmation was received from the manager that relevant action had been taken to address these issues.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounge.

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: "Activities are brilliant".

During the inspection residents were also observed engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

A list of activities that had taking place for the previous month were on display at reception; however, a weekly schedule of activities was not available. Following the inspection, the manager provided written confirmation that a weekly schedule had been implemented and would be updated weekly.

Residents commented positively about the food provided within the home with comments such as: “The food is excellent; better than a hotel”, “Plenty of food” and “The food is great 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 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

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2)**.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Kaitlin Crawford, senior care assistant, as part of the inspection process and with Ms Trudie Scott, manager, following the inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>With specific reference to ensuring a pre-employment health assessment is obtained.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: All new employees will be subject to a pre-employment health assessment prior to starting employment.</p>

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