

# Inspection Report

24 July 2023 and 1 August 2023



## Colorado

Type of service: Residential Care Home  
Address: 120 Lisnagole Road, Lisnaskea, BT92 0QF  
Telephone number: 028 6772 1486

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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><b>Organisation/Registered Provider:</b> Colorado</p> <p><b>Responsible Individual:</b> Mr Marcus Scott</p>	<p><b>Registered Manager:</b> Ms Trudie Helen Scott</p> <p><b>Date registered:</b> 9 April 2020</p>
<p><b>Person in charge at the time of inspection:</b> Ms Trudie Helen Scott</p>	<p><b>Number of registered places:</b> 9</p> <p>This number includes 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.</p>
<p><b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia PH(E) - physical disability other than sensory impairment – over 65 years</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Colorado is a residential care home registered to provide health and social care for up to nine residents. All residents have access to communal spaces and a garden area outside.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 July 2023, from 11.30am to 1.30pm and on 1 August 2023 from 10.45am to 12.45pm. The inspection was completed by a pharmacist and a finance inspector.

The inspection focused on medicines management and residents' finances within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management and the management of residents' finances.

The area for improvement from the last care inspection has been carried forward and will be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

With regards to finance, no monies or valuables were held at the home on behalf of residents during the inspection on 1 August 2023. Two areas identified within Section 5.2.7 of this report will be reviewed at the next RQIA inspection.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team with respect to medicines management.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

### **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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with management about how they plan, deliver and monitor the management of medicines in the home.

In relation to finance a sample of residents' financial records was reviewed which included; residents' written agreements, records of residents' fees and records of residents' personal property.

### **4.0 What people told us about the service**

The inspector met with care staff, senior care staff and the manager. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. Ten questionnaires were returned from residents and staff who were all very satisfied with all aspects of the care provided in Colorado. The following are some of the comments made:

- “The care is above and beyond. Excellent.”
- “No complaints, very well looked after.”
- “Very happy. Your every need is met. Staff are excellent.”
- “Very well cared for. I cannot complain about anything.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last care inspection on 18 October 2022	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>	The registered person shall ensure that all staff are recruited in accordance with the required legislation and standards.
<b>Ref:</b> Standard 19.2	
<b>Stated:</b> First time	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. All of the records reviewed were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Medicine administration was audited on a regular basis within the home. The date of opening was recorded on all boxed medicines so that they could be easily audited. This is good practice.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

There has been no medicine related incidents reported to RQIA since 2014. However, management and staff were familiar with the type of incidents that should be reported.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.



## 5.2.7 Finance Inspection

It is the policy of the home for residents to manage their own monies. However, in line with The Residential Care Homes Regulations (NI) 2005, a safe place was available for residents to deposit items for safekeeping when required. A review of records confirmed that no monies or valuables were held on behalf of residents at the time of the inspection on 1 August 2023.

Discussion with the manager confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Two residents' finance files were reviewed. Written agreements were retained within both files. The agreements showed the current weekly fee paid by, or on behalf of, the residents. A list of services provided to residents as part of their weekly fee was also included in the agreements. Both agreements were signed by the resident, or their representative, and a representative from the home.

Review of records confirmed that a weekly third party contribution (top up) was paid on behalf of newly admitted care managed residents. Discussion with the manager confirmed that the third party contribution was not for any additional services provided to residents but the difference between the tariff for the home and the regional rate paid by the health and social care Trusts.

It was noticed that the agreements did not show the third party contribution separately from the regional rate. The manager provided assurances that all residents' agreements would be updated to reflect the breakdown of the fee when the next increase in fees is implemented.

A review of a sample of records of fees received from two residents evidenced that the records were up to date at the time of the inspection. Discussion with the manager confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

Discussion with the manager confirmed that residents, or their representatives, paid the hairdresser and podiatrist directly for any treatments received.

A sample of one resident's file evidenced that a property record was in place for the resident. The record was updated with additional items brought into the resident's room following admission. There was no recorded evidence to show that the personal possessions were checked, at least quarterly, and signed by two members of staff. The manager provided assurances that a system for recording the reconciliation of residents' personal possessions would be implemented following the inspection. This will be reviewed at the next RQIA inspection.

Discussion with the manager confirmed that policies and procedures for the management and control of residents' finances and property were available for inspection. The manager advised that the policies and procedures were being updated as part of the home's systematic review process. The revised policies will be reviewed at the next RQIA inspection.

Discussion with the manager confirmed that no transport scheme was in place at the time of the inspection on 1 August 2023.

No new finance related areas for improvement were identified during the inspection on 1 August 2023.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1*

\* The total number of areas for improvement includes one which is carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (29 September 2021)	The registered person shall ensure that all staff are recruited in accordance with the required legislation and standards.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>





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