



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Colebrooke
Establishment ID No:	1334
1Date of Inspection	17 April 2014
Inspector's Name:	Ruth Greer
Inspection No:	17728

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Colebrooke House
Address:	111 The Roddens Larne Co Antrim BT40 1PY
Telephone Number:	028 2827 2696
E mail Address:	No email
Registered Organisation/ Registered Provider:	Mrs AM Rowan
Registered Manager:	Mrs AM Rowan
Person in Charge of the home at the time of Inspection:	Mrs Caroline Lockhart (Assistant Manager), Mrs Rowan later joined the inspection and remained until the conclusion.
Categories of Care:	RC-I RC-DE for four identified residents
Number of Registered Places:	12
Number of Residents Accommodated on Day of Inspection:	12
Scale of Charges (per week):	£440
Date and type of previous inspection:	14 November 2014 Secondary unannounced inspection
Date and time of inspection:	17 April 2014 9:50 - 13:15 hrs.
Name of Inspector:	Ruth Greer

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 25 - Staffing

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Colebrooke Private Residential Home was registered with the Authority in 1988 to accommodate twelve persons in the category of old age.

The home is a detached converted two storey dwelling set in its own spacious gardens and has views overlooking Larne Lough towards Islandmagee. The home is situated a five minute walk from Larne town and is near local shops, amenities, recreational park and bus routes.

There are seven bedrooms, five of which are double (two on the ground floor) and two single bedrooms on the first floor. There is a communal lounge, dining room, kitchen, one bathroom, one shower room, five WC's, a laundry room, sluice room and an office.

The home is surrounded by mature and well laid out gardens.

There is adequate parking available for professionals / visitors / families.

SUMMARY

An inspection was undertaken of Colebrook residential care home on 17 April 2014 by an officer of the Regulation and Quality Improvement Authority (RQIA). The inspection was unannounced.

This report reflects the position of the home as found on the day of the inspection.

Matters highlighted at the previous inspection as requiring attention had been addressed satisfactorily

Residents looked well and were happy to share their views and opinions of life in the home. These were, without exception, all positive.

An examination of the premises found the home warm, bright and well maintained.

The focus of the inspection was on Standard 15 of the Residential Care homes Standards (2011 Edition), "Staffing". To assess the level of the home's compliance the inspector sought evidence from a variety of sources these included:

- Consultation with residents
- Discussion with staff
- Examination of records required by legislation and pertinent to the chosen standard
- Discussion with management
- Examination of the premises
- Observation of staff interventions with residents
- Feedback to the assistant manager during and at the conclusion of the inspection.

The inspector has rated the home overall as substantially compliant with the requirements of standard 25.

One requirement and two recommendations have been made as a result of this inspection.

The inspector acknowledges the cooperation of management and staff in this unannounced inspection and extends her gratitude to the residents who spoke with her.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Schedule 2 (3) Standard 19.2	A second reference should be held on file for the identified staff member.	The second reference required at the previous inspection for one staff member has been sought and is now held on file.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	12.4	The daily menu should be displayed.	The daily menu was on display in the hallway of the home.	Compliant

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	
Inspection Findings:	
<p>On the day of this unannounced inspection the following staff were on duty:</p> <ul style="list-style-type: none"> • Assistant manager x 1 • Senior care assistant x 1 • care assistant x 1 • domestic x 1 • catering x 1 <p>The registered manager was off duty but came to the home to assist with the inspection. Night duty staffing levels are:</p> <ul style="list-style-type: none"> • wakened staff member x 1 • staff member on call x 1. <p>The inspector was informed that when necessary (for example if several residents are unwell) additional staff are brought on duty.</p>	<p>Compliant</p>

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.	COMPLIANCE LEVEL
Inspection Findings:	
Mrs Lockhart confirmed that she is knowledgeable of the RQIA guidance on staffing levels in residential care homes and uses this document to complete the annual staffing returns which the home is required to submit to the RQIA as part of the pre inspection information for the annual announced inspection.	Compliant
Criterion Assessed: 25.3 There is a competent and capable person in charge of the home at all times.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager and assistant manager are supported in the management of the home by a senior staff member. The designated senior staff member has worked in the home for many years and is supported by regular guidance and supervision of the manager. A competency and capability assessment has not been completed for this staff member in line with regulation (20) (3) of the Residential Care Homes Regulations (NI) 2005. A requirement has been included in the quality improvement plan appended to this report.	Substantially compliant

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.	COMPLIANCE LEVEL
Inspection Findings:	
Administrative tasks are undertaken by the manager and deputy manager. The home employs dedicated domestic and catering staff. The assistant manager confirmed that staff do not undertake mixed duties during each shift.	Compliant
Criterion Assessed: 25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings:	
The details outlined in the above are in place within the staff personnel files and in the staff register.	Compliant
Criterion Assessed: 25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	COMPLIANCE LEVEL
Inspection Findings:	
The inspector examined the staff roister. Staff are employed specifically for night or day duty. The inspector was informed that these may be changed to suit the needs of the home for example at holiday time.	Compliant

STANDARD 25 - STAFFING	
The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	COMPLIANCE LEVEL
Inspection Findings:	
The deputy manager stated that the senior staff member responsible for each shift commences work 15 minutes early to receive the handover report from the staff member going off duty. Information about residents is then shared with care staff when they commence their shift.	Compliant
Criterion Assessed: 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <input type="checkbox"/> The date of all meetings <input type="checkbox"/> The names of those attending <input type="checkbox"/> Minutes of discussions <input type="checkbox"/> Any actions agreed.	COMPLIANCE LEVEL
Inspection Findings:	
The inspector examined minutes of staff meetings. These were held in November and February 2013. The assistant manager stated that informal staff briefings occur regularly but these not minuted. A recommendation is made accordingly in the quality improvement plan appended to this report.	Moving towards compliance

ADDITIONAL AREAS EXAMINED

RESIDENTS

On the day of this inspection time was taken by the inspector to speak with all residents. The feedback in regard to their life in Colebrook was all positive. One resident had just been admitted a few days before the inspection, she told the inspector, "it's a lovely place". The residents all looked well and were in good spirits. Selections of their views are quoted below:

- "Staff are lovely"
- "The food is great"
- "They (staff) couldn't do enough for you".

No residents raised any area of concern with the inspector.

RELATIVES

There were no relatives in the home on the day of this inspection. However the inspector was shown a letter from the family of a former resident in which gratitude was expressed for the manner in which their loved one had been cared for and looked after in Colebrook.

ENVIRONMENT

Colebrook is a detached period dwelling which has been adapted to a residential care home. Many of the original features remain and add character to the home, for example bay windows. There are five shared bedrooms in the home and this number of double occupancy rooms would not meet current registration standards. However the rooms are large in proportion and privacy screens are available. On the day of the inspection the home was warm and bright. There was a high standard of cleanliness throughout and neither malodours nor safety hazards were noted in any part of the home visited by the inspector. The home is in good decorative order and tastefully decorated throughout.

FIRE

An examination of the fire risk assessment undertaken in line with HTM84 requirements showed that the assessment was last completed in March 2013. This assessment should be revisited on an annual basis and now requires up dating.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs AM Rowan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Ruth Greer
Inspector/Quality Reviewer

Date



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Quality Improvement Plan
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17 April 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Caroline Lockwood either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements


This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005


No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 25 .3	The registered manager should undertake a competency and capability assessment on any person left in charge of the home.	First	<i>This has been implemented</i>	By 15 May 2014

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 25.8	Staff meetings should be held at least quarterly and the minutes available for reference and inspection.	First	<i>This has been implemented</i>	Immediate and on going
2	Additional Matters	The annual fire risk assessment was found to be out of date (last undertaken in March 2013) The registered manager should inform the RQIA of the date when the assessment has been up dated.	First	<i>This will be updated before the end of June 2014 .</i>	By 15 May 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: ANNE MARIE ROWAN

 NAME: Registered Provider
 DATE 1/6/14

SIGNED: ANNE MARIE ROWAN

 NAME: Registered Manager
 DATE 1/6/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Rutt Greer	9.6.14
Further information requested from provider			