



The Regulation and  
Quality Improvement  
Authority

Colebrooke House  
RQIA ID: 1334  
111 The Roddens  
Larne  
BT40 1PY

Inspector: Ruth Greer  
Inspection ID: IN17768

Tel:0282827 2696

---

**Unannounced Care Inspection  
of  
Colebrooke House**

**13 August 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 13 June 2015 from 10 20 a.m. to 1 45 p. m. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 0               |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

|   |   |
|---|---|
| <b>Registered Organisation/Registered Person:</b><br>Mrs A M Rowan  | <b>Registered Manager:</b><br>Mrs Caroline Lockwood |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Mrs Lockwood, Mrs Rowan was also on duty      | <b>Date Manager Registered:</b><br>08 August 2015   |
| <b>Categories of Care:</b><br>Category DE ( Dementia ) for 6 identified individuals with mild/moderate dementia | <b>Number of Registered Places:</b><br>12           |
| <b>Number of Residents Accommodated on Day of Inspection:</b><br>12   | <b>Weekly Tariff at Time of Inspection:</b><br>£484 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/Process

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

Prior to inspection the following records were analysed: the quality improvement plan from the previous care inspection in November 2014 and notifications of incidents to RQIA since the previous inspection.

During the inspection the inspector met with 10 residents, 2 care staff, one domestic staff and one resident's relative.

The following records were inspected:

- Care files
- Policy on death and dying
- Policy on the management of continence
- Accidents
- Complaints

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was a pharmacy inspection dated 29 June 2015. The completed QIP was returned and approved by the specialist inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection which took place on 18 November 2014.

| Previous Inspection Recommendations                               |   | Validation of Compliance |
|---|---|--------------------------|
| <b>Recommendation 1</b><br>Ref: Standard 10.1                     | The policy on responding to residents behaviours should be reviewed to include reference to legislation and best practice guidance in relation to restraint and human rights. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>The policy had been reviewed and amended as recommended.   |                          |
| <b>Recommendation 2</b><br>Ref: Standard 10.1 and Standard 6.2    | Care plans should include a risk assessment for the use of all bedrails.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>There was a risk assessment in place in the care files for all residents who have bed rails in use.                |                          |
| <b>Recommendation 3</b><br>Ref: Standard 10.2                     | Daily recordings should meet the minimum professional standards required for all discoverable documents.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Training had been provided in the area of professional recording. Improvement was noted in the records inspected.  |                          |
| <b>Recommendation 4</b><br>Ref: Standard 13.1,21.1 and appendix 2 | The home should devise and implement an Activities policy.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>A policy on the provision of activities dated December 2014 was available for inspection.                          |                          |
| <b>Recommendation 5</b><br>Ref: Standard 13.9                     | The record of activities provided should include all details listed in this criterion.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>A new method of recording activities had been introduced. This was found to be satisfactory.                       |                          |

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. Staff who spoke with us described their role in caring for residents who are very ill and at end of life stage. Staff were aware of the importance of hydration and nutrition at this stage. Staff were aware of when to contact the G P and/or district nurse and of the importance of keeping families updated on the resident's condition. A copy of an advanced end of life care plan was held in the file of a resident who was seriously ill. This care plan had been signed by the resident, the next of kin and the G P. The care plan contained details of medical conditions, the terminal diagnosis and the resident's own wishes for her/his end of life care. The care plan showed the daily input of outside professionals. A Consultant and a dietician had reviewed the care plan on 6 August 2015.

#### Is Care Effective? (Quality of Management)

The home had a policy on death and dying which had been reviewed in August 2015. The policy was comprehensive and outlined the values underpinning how care for terminally ill residents should be delivered. The policy referenced several good practice documents including World Health Organisation guidelines. The staff training record showed that staff were provided with "Bereavement" training in February 2014. We were advised that after any death the body of the deceased resident may remain in the home for a period of time to facilitate family and friends to pay their last respects. Following the funeral the family are given the opportunity to clear the room. Staff will undertake this task if requested. We were informed that there have been occasions when the funeral service was held in the home. Care files contain the contact details of the nominated person who will make funeral arrangements for each resident if necessary.

#### Is Care Compassionate? (Quality of Care)

When the death of a resident occurs the other residents are told in small groups or individually. Residents who wish may attend the funeral. Priests and ministers are informed when a resident becomes seriously unwell, if this is in line with the resident's wishes. A minister was visiting in the home on the day of the inspection. Two staff members who were off duty called to the home specifically to visit a resident who was ill "We were just thinking about her/him". The practice we observed on the day of this inspection, especially in respect of a resident who was ill was compassionate, tender and gentle. A staff member was with the resident at all times.

#### Areas for Improvement

The home was found to be compliant with this standard and there were no areas of improvement identified. The overall assessment of the standard is that care is compassionate, safe and effective.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## Theme: Residents receive individual continence management and support

### Is Care Safe? (Quality of Life)

We were informed that there are currently 5 residents in the home who have been assessed as incontinent. The care plans to manage this aspect have been devised with the input of a district nurse. The district nurse reviews the care plan annually unless any changes occur. The home had a policy of the management of continence which had been reviewed in August 2015. Staff induction showed an element of training on the management of continence. The care files of residents who require continence management contained an individualised assessment and a plan was in place to meet this need.

### Is Care Effective? (Quality of Management)

We were informed that the home experienced no difficulty with the provision of incontinence products. At the initial assessment the district nurse decides of the type and amount of products required. The first order is placed by the district nurse. The home reorders the products three monthly. Continence products are disposed of in line with infection control guidance. Staff were aware of the implications for skin integrity in respect of residents who are incontinent. Staff confirmed that there were adequate supplies of aprons, gloves and hand sanitisers available.

### Is Care Compassionate? (Quality of Care)

Staff were knowledgeable about the embarrassment and potential loss of dignity associated with incontinence. We were informed that assistance in this area is provided in a discreet and private manner. The practice we observed showed that residents were treated with care, dignity and respect. There was no mal odour in any part of the home. Our discussion with staff, observation of practice and inspection of care records identified no areas of mismanagement in this area.

### Areas for Improvement

There were no areas of improvement identified with this theme. The overall assessment is that care is safe, effective and compassionate.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 5.4 Additional Areas Examined

### 5.4.1 Residents

We spoke with residents individually during the inspection. Residents informed us that they are happy in the home and that the care they receive is good. A selection of comments made is below:

“I’m just here on respite, and it’s wonderful”

“The girls (staff) are lovely, every one of them”

“It’s so homely I love it”

#### **5.4.2 Relatives**

One relative who was visiting spoke with us. She stated that she was pleased that her relative had been admitted to the home as her previous placement was in a larger establishment which was less suitable. The relative stated:

“Just look around, this place is a credit to the owner and the staff and I’m made to feel so welcome.”

#### **5.4.3 Staffing levels**

On the day of the inspection the following staff were on duty:

Manager x 1  
Registered Person x1  
Care staff x 2  
Domestic x1  
Catering x1

This is considered satisfactory to meet the needs and numbers of persons accommodated.

#### **5.4.4 Fire Safety**

The home’s fire risk assessment in line with HTM84 was completed on 24 November 2014. The most recent fire training for staff was provided on 6 August 2015. The fire alarm system is checked weekly and the outcome recorded.

#### **5.4.5 Environment**

The home’s internal environment was found to be clean and well maintained. Parts of the home have been redecorated and re-carpeted since the last inspection. The result looks well. Residents’ bedrooms are personalised and shared bedrooms have privacy screens in place. Communal areas are homely and welcoming. There were no hazards noted on our inspection of the premises.

No requirements or recommendations resulted from this inspection.

|   |                   |                |        |
|---|-------------------|----------------|--------|
| I agree with the content of the report. |                   |                |        |
| Registered Manager                      | Caroline Lockwood | Date Completed | 1/9/15 |
| Registered Person                       | Sen               | Date Approved  | 1.9.15 |
| RQIA Inspector Assessing Response       | Ruth Grell        | Date Approved  | 7.9.15 |

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

