

Unannounced Care Inspection Report 8 December 2020



Colorado

Type of Service: Residential Care Home (RCH)
Address: 120 Lisnagole Road, Lisnaskea, BT92 0QF
Tel No: 028 6772 1486
Inspector: Laura O'Hanlon

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to nine residents.

3.0 Service details

<p>Organisation/Registered Provider: Colorado</p> <p>Responsible Individual: Marcus Scott</p>	<p>Registered Manager and date registered: Trudie Helen Scott – 9 April 2020</p>
<p>Person in charge at the time of inspection: Trudie Scott</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 home on the day of this inspection: 9</p>

4.0 Inspection summary

An unannounced inspection took place on 8 December 2020 from 10.10 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they were well cared for and were happy in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' 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 Trudie Scott, manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven residents and two staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

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 previous inspection

The most recent inspection of the home was an unannounced premises inspection undertaken on 3 January 2020. No further actions were required to be taken following this inspection.

The area for improvement identified at the last care inspection on 4 June 2019 was reviewed at the premises inspection on 3 January 2020.

6.2 Inspection findings

6.2.1 Staffing

When we arrived in the home we were met by the manager. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers were flexible and would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home.

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. The rota recorded the full names and grades of staff.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the management team was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "There is enough staff on duty; it is busy getting everything done. I could always approach the manager if there was a problem."
- "The residents in this home can get anything they want."

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required.

6.2.2 Infection prevention and control procedures

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

We observed that residents' looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in the interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "I am very happy and content in here. I am cared for like I was in a hotel. The staff are excellent. The food is excellent. I get everything I want. If I want anything all I do is ring the buzzer and the staff will be here quickly"
- "I am happy in here; the staff are good. I have my buzzer here and I can use it if I need to."
- "This is a great place."
- "I get my papers."

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well. Visiting arrangements were in place on a planned basis.

We observed residents engaged in activities such as, knitting, reading, watching television.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance. For example, any recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room and storage areas. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised and the home was tastefully decorated. Corridors and fire exits were clear of obstruction. Equipment was found to be maintained in a clean condition and to be stored appropriately in the home.

6.2.6 Governance and management arrangements

There is a clear management structure within the home and the manager was available during the inspection process. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable.

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environment and hand hygiene. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken which confirmed that these were appropriately managed and reported.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits for September, October and November 2020 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

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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