

Inspection Report

18 October 2022



Colorado

Type of service: Residential Care Home
Address: 120 Lisnagole Road, Lisnaskea, BT92 0QF
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www.rqia.org.uk

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Colorado Responsible Individual: Mr Marcus Scott	Registered Manager: Ms Trudie Helen Scott Date registered: 9 April 2020
Person in charge at the time of inspection: Ms Trudie Helen Scott	Number of registered places: 9 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.
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.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to nine residents. All residents have access to communal spaces and a garden area outside	

2.0 Inspection summary

An unannounced inspection took place on 18 October 2022 from 10.20am to 2.30pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager. It was evident that that staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care.

There were no new areas requiring improvement identified during this inspection; one area requiring improvement was carried forward for review at the next inspection.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents commented positively on the provision of meals and activities in the home. Residents were seen to be well looked after.

RQIA were assured that the delivery of care and services provided in Colorado was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team 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 registration information, the previous returned quality improvement plan and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they felt safe and well cared for. They described the staff as being respectful, helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that they were able to make their own choices and decisions and were involved in their care. Residents praised the activities completed in the home and how much they benefited from this. The residents talked about the new activities coordinator working in the home and the positive impact of this.

Comments made by residents included: "This place is fabulous, you wouldn't believe it. The food is good the staff are good; they couldn't do enough for you." "I am really well looked after, the staff are so kind and so good. The staff treat me well." "Its home from home."

Ten questionnaires were returned from residents within the required timeframe. All of the responses received indicated that residents were satisfied with the care provided in the home.

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role.

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. Ref: 5.2.1	Carried forward to the next inspection
	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.	

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. This included the completion of mandatory training in addition to other relevant training as well as staff supervision and annual appraisal.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. Staff were appropriately registered with their professional body and systems were in place to ensure this remained live.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents told us that the staff "look after them so well" and "anything that you want, you will get."

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as newspapers, magazines, snacks and drinks were readily available.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

There was a range of activities provided for residents. On the day of the inspection the hairdresser was present in the home. All of the residents talked about the activities completed in the home

with the activities coordinator. The home was festively decorated with art work undertaken by residents as part of the activity programme provided.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; Ms Trudie Scott is the manager of Colorado.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. There was a system in place to manage complaints. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Trudie Scott, registered manager.

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	0	1*

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

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that all staff are recruited in accordance with the required legislation and standards. Ref: 5.1
	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.

Please ensure this document is completed in full and returned via Web Portal



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