



# Inspection Report

**Name of Service: Colorado**

**Provider: Colorado**

**Date of Inspection: 17 September 2025**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Colorado
<b>Responsible Person:</b>	Mr Marcus Scott
<b>Registered Manager:</b>	Ms Trudie Helen Scott
<p><b>Service Profile:</b>  This home is a registered residential care home, which provides health and social care for up to nine residents requiring residential care in frail elderly over 65 years of age; physical disability over and under 65 years of age and up to a maximum of four residents living with mild to moderate dementia. All resident areas are on the ground floor level and residents are accommodated in single bedrooms. Residents have access to communal areas and an outdoor space.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 17 September 2025, from 10 am to 2.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Residents spoke positively about living in Colorado and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, two areas for improvement were identified in relation to staff being bare below the elbow and environmental audits. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Resident's comments included: "I love it here", "The staff are just marvellous", "I have everything I need", "This is home from home" and "They (staff) are all fantastic".

One visitor spoken with confirmed that they were satisfied with the care and services being delivered in the home. Comments included: "This is a fantastic home", "The staff are excellent" and "The manager is great".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff spoken with advised that there was good teamwork and everyone is willing to help. Staff reported that the care provided in the home was good and the residents were well cared for. Staff told us that the manager was supportive and available for advice and guidance.

Two questionnaire responses were received from residents during the inspection. Both respondents confirmed they were satisfied with the care and services provided in the home. Comments included: "Kind staff always willing to help", "Happy with everything" and "Someone always available to provide support and care when needed".

Several responses were received following the inspection from the online survey. The respondents included staff, relatives and visiting professionals. All respondents were very satisfied with the overall delivery of care. Comments included: "An amazing place to work", "The care provided to my (relative) is exceptional", "There is a pleasant atmosphere in Colorado it's fun and great to visit", "There is no better residential care home than Colorado", "The staff are

always professional, kind, caring and have empathy”, “Excellent work place and great management”, “I am truly grateful for the dedication they (staff) bring to their work” and “Activities are diverse to meet the needs and interests of all the clients”.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents’ needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. 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 discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunch time meal and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents’ nutrition and mealtime experience. A menu was on display offering a choice of two meals.

Residents commented positively about the food provided within the home with comments such as: “The food is great and plenty of choices”, “If I don’t like something they will always make me something different” and “Excellent food, just like home made food”.

An activity board was available within the home detailing a list of activities for the commencing week. Residents commented very positively about the provision of activities. Comments

included: “Plenty of things to do here”, “I am never bored”, “I love it here” and “You couldn’t beat the staff here”.

During the inspection, a prayer service was taking place in the morning. Some residents were engaged in their own activities such as, watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

### 3.3.3 Management of Care Records

Residents’ needs were assessed by a suitably qualified member of staff 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.

Care records were person centred and staff recorded regular evaluations about the delivery of care. Some minor discrepancies were identified and discussed in detail with the manager who agreed to have these records updated. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Residents care records were held confidentially.

### 3.3.4 Quality and Management of Residents’ Environment

The home was fresh smelling, neat and tidy and residents’ bedrooms were found to be personalised with items of memorabilia and special interests. Bedrooms and communal areas were clean, tidy and comfortable. Outdoor spaces and gardens were well maintained with areas for residents to sit

Some surface damage was evident to identified bedroom furniture, two wash hand basins and a floor covering. Details were discussed with the manager who confirmed that most of these deficits had already been identified by management and were in the process of being repaired/replaced. This is discussed further in section 3.3.5.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 28 October 2024. There were no actions required following this assessment.

There was a good supply of personal protective equipment (PPE) within the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. One care assistant was observed wearing nail polish and a wristwatch, which would inhibit effective hand hygiene. This was discussed with the manager and an area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Trudie Helen Scott is the Registered Manager of this home since 9 April 2020. Staff said that the manager was very approachable and accessible.

A system was in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. The manager discussed how they reviewed all accidents and incidents to establish if there were any patterns or trends and any action taken was recorded within residents individual care records. The manager agreed to complete a written audit of accidents and incidents going forward for ease of reference.

As mentioned above in section 3.3.4 a number of deficits were identified within the environment and whilst the management team were addressing some of these deficits, environmental audits had not been completed to evidence when the deficits were identified, an action plan to address these, a timeframe for completion or follow up. This was discussed with the manager and an area for improvement was identified.

The home was visited each month by the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Trudie Helen Scott, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 17 September 2025	<p>The registered person shall ensure that staff are bare below the elbow in accordance with infection prevention and control best practice.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All staff have completed additional training and aware of importance of bare below elbow policy.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 20 <b>Stated:</b> First time <b>To be completed by:</b> 1 October 2025	<p>The registered person shall ensure that environmental audits are completed to evidence any deficits identified, action taken, time frame for completion and follow up.</p> <p>Ref: 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Environmental audits have been implemented and will be ongoing, deficits identified and necessary action taken.</p>

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



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