

# Inspection Report

8 May 2024



## Creamery House

Type of service: Residential Care Home  
Address: 30 Main Street, Kesh, BT93 1TF  
Telephone number: 028 6863 2176

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)  <b>Responsible Individual</b> Mr Neil Guckian	<b>Registered Manager:</b> Ms Lynette McHugh  <b>Date registered:</b> 01 April 2005
<b>Person in charge at the time of inspection:</b> Ms Lynette McHugh	<b>Number of registered places:</b> 11
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 11 residents. Accommodation is provided for over two floors. Residents are accommodated in single bedrooms and they have access to communal spaces and dining areas.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 May 2024 from 10.05am to 2.40pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be welcoming, clean and free from odours. Bedrooms were personalised and reflected items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be knowledgeable and attentive to the needs of the residents. Three new areas requiring improvement was identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the manager 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 the returned quality improvement plan, registration information, 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.

### 4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them" and this was a "great place." Residents described the staff as being helpful. The residents praised the food provision in the home saying that it was "nice." Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Creamery House and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with stated that the care provided to residents was important to them and was of a good standard. Positive comments were made by staff in regards to the manager in terms of the level of support provided to them and that they were approachable and proactive.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Creamery House was undertaken on 18 July 2023 by a care inspector.

Areas for improvement from the last inspection on 18 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 July 2023	The registered person must ensure RQIA are notified of any serious incidents where emergency assistance, such as an ambulance is needed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. However from the record reviewed, it was not clear if the AccessNI check had been completed. This was discussed with the manager who provided email confirmation following the inspection to confirm that this was completed. This was identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

Appropriate checks had been made to ensure that care workers with the Northern Ireland Social Care Council (NISCC) were appropriately registered.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised 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.

### 5.2.2 Care Delivery and Record Keeping

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

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.

Examination of records 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 for residents to socialise, 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. Staff were observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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.

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.

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.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and well maintained to a good standard. Resident bedrooms were found to be very personalised and contained items which were important to them.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

Discussion with the manager confirmed that there is further redecoration planned in the home. It was noted that there was a bedroom which contained an excess amount of storage. This was discussed with the manager as this room is not being used for the purpose for which it was registered. This was identified as an area for improvement.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 2 November 2023. There was corresponding evidence recorded of the actions taken in response to the recommendations made from this assessment.

It was observed that there was no call bell system in the home, should a resident require assistance in their own room. This was discussed with the manager and identified as an area for improvement.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents were engaged in their own activities such as; watching TV, resting or chatting to staff. Additional to this, the manager explained how some residents attend aligned day care placements and work placement. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

#### **5.2.5 Management and Governance Arrangements**

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. Staff said that the manager was approachable and accessible.

There had been no change in the management of the home since the last inspection. Ms Lynette McHugh is the registered manager of this home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine 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.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Lynette McHugh, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> As from the date of this inspection (8 May 2024)	The registered person shall ensure that there is robust oversight of the recruitment process.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> The registered person has Access NI checks in place for all staff members and has set up a system to track and evidence the completion of recruitment checks going forward.



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.11  <b>Stated:</b> First time  <b>To be completed by:</b> 8 June 2024	The registered person shall ensure that the identified bedroom is returned to original purpose for which it was registered.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The registered person has linked with RQIA to de-register the identified bedroom and the home is now registered as a 10 bed residential home.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard E8  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2024	The registered person shall ensure that resident call points are accessible to residents in all areas of the home, used by residents, and are linked to a system which alerts staff that assistance is required.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The registered person can confirm Radius Housing are taking these works forward as part of their planned maintenance work for the home. Design/layout and costings to be completed prior to commencing works.

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





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