

Unannounced Care Inspection Report 16 January 2018



Creamery House

Type of Service: Residential Care Home
Address: 38 Main Street, Kesh, BT93 1TE
Tel No: 028 6863 2176
Inspector: Laura O'Hanlon

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 11 beds registered to provide care for residents under categories of care detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Lynette McHugh
Person in charge at the time of inspection: Eamon Kelly, Team Leader	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years than sensory impairment – over 65 years	Number of registered places: 11

4.0 Inspection summary

An unannounced care inspection took place on 16 January 2018 from 10.00 to 14.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to communication with the home, seeking the views and wishes of the residents and the culture and ethos of the home.

Areas requiring improvement were identified in regards to the duty roster, a malodour, care plans and staff meetings.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Eamon Kelly, Team Leader, as part of the inspection process. Further telephone discussion took place with senior management in the Western Trust in regard to the outcome of the inspection.

The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with three residents and three staff.

A total of six questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The staff were encouraged to access the on line service for questionnaire completion. Four questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 the most recent inspection dated 4 July 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.5 Stated: First time	The registered person shall ensure that all radiators / hot surfaces are individually risk assessed in accordance with current safety guidelines and that subsequent appropriate action is taken. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the team leader and review of the risk assessment confirmed this was completed by the registered manager.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The team leader confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Concern was raised by staff in regard to the current staffing situation within the home as there were two staff members on sick leave. One of whom was the registered manager. The staff advised that this placed increased pressure on all the staff working in the home. In addition a review of the duty rota identified shortfalls in the planned staffing levels for the coming week. This was subsequently discussed with senior management within the Trust. Confirmation was provided the following day that these shortfalls were addressed and that there were adequate staffing arrangements in place to meet the needs of the residents.

No concerns were raised regarding staffing levels during discussion with residents. During the review of the duty roster it was noted that the grades of staff were not recorded. This was identified as an area for improvement to ensure that the grade of staff is recorded on the duty roster.

Discussion with the team leader confirmed that there was a structured induction in place relevant to specific roles and responsibilities. Induction records were not reviewed at this inspection as there were no new staff members recruited to the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Supervision and appraisal records were reviewed at the last inspection and were not reviewed at this inspection in the absence of the registered manager.

A schedule for mandatory training was maintained and was reviewed during the inspection. Fire safety training for staff took place during the inspection. It was noted that food hygiene training was not completed recently by all staff. The team leader confirmed that this was already identified by Trust senior management and measures were being taken to address this.

The team leader confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the team leader confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The adult safeguarding policy was reviewed at the last inspection and was found to be consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion was established.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Discussion with the team leader, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The team leader confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the team leader identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The team leader confirmed there were restrictive practices employed within the home, notably the use of keypad entry systems to the home. Discussion with the team leader regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The team leader confirmed there were risk management policy and procedures in place. Discussion with the team leader and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly, for example fire safety.

The team leader manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The team leader reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the trust's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was clean and appropriately heated. The décor was tired but fit for purpose. During discussion with the team leader he advised that this issue was identified during a recent environmental inspection. The team leader further advised that this matter is with the Trust senior management and the owners of the building to progress.

During the inspection of the environment a malodour was identified in one bedroom. This was identified as an area for improvement.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the team leader confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 6 July 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every three months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Four completed questionnaires were returned to RQIA from residents and relatives. Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Two areas for improvement were identified in regards to the duty roster and a malodour.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the team leader established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

During the review of one care record weight loss for one resident was identified and the appropriate action was taken by staff. However the care plan was not updated to accurately reflect this area of need. This was identified as an area for improvement to ensure that all care plans are maintained on an up to date basis.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

During the review of one care record it was noted that a care management review for one resident was outstanding. This was discussed with the team leader who advised that this was previously raised with the senior management as there was no care manager in post. The team leader was advised to follow this up again with the Trust management.

Records were stored safely and securely in line with data protection.

The team leader confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The team leader and staff confirmed that senior management operated an open door policy in regard to communication within the home.

Minutes of staff meetings were reviewed during the inspection. The last staff meeting was convened on 28 June 2017. The team leader advised that the Trust senior management plan to organise a staff meeting however no date was agreed yet. This was identified as an area for improvement to ensure that staff meetings take place on a quarterly basis.

Residents spoken with, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Four completed questionnaires were returned to RQIA from residents and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified in regards to care plans and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The team leader confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. One example of this was where residents care plans were available in picture format.

The team leader and the residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The team leader and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, review of care records and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with the staff, residents' meetings, suggestion box and the monthly monitoring visits by the responsible person.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One resident explained how he goes out with support to the local pub.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family members can visit the home at any time.

Comments made by residents during the inspection were:

- “I like it here. I am very happy”
- “I feel safe in here. We do lots of activities and I like getting out to the pub”

Comments made by staff members during the inspection were:

- “We are all working hard and doing our best. The staff team are fine and we are well supported by the trust senior management team. The staffing levels are fine”
- “The staffing levels are ok. The residents are well looked after”

Four completed questionnaires were returned to RQIA from residents and relatives. Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied. One comment made on a returned questionnaire was:

- “Care is excellent, staff are excellent and the place is excellent”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was an organisational structure in place in the home. In the absence of the registered manager the team leaders had assumed this role and staff were aware of this arrangement. While RQIA were informed of the absence of the manager an acting manager was not identified. Further discussion took place following the inspection with senior management within the Trust and RQIA were informed in writing of the management arrangements of the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed. Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the team leader and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The team leader confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The team leader confirmed that staff could also access senior management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Four completed questionnaires were returned to RQIA from residents and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eamon Kelly, Team Leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 17 January 2018	The registered person shall ensure that the grades of staff working in the home are recorded on the duty rota. Ref: section 6.4
	Response by registered person detailing the actions taken: All staff grades has now been added to the off duty, this will reflect all staff grades each week.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 16 February 2018	The registered person shall address the malodour in one identified bedroom. Ref: section 6.4
	Response by registered person detailing the actions taken: Creamery House support services and all staff have been updated on the cleaning needs and COSHH recommendations to ensure that residents bedrooms do not present with malodour at any time.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 16 February 2018	The registered person shall ensure that care plans are maintained on an up to date basis. Ref: section 6.5
	Response by registered person detailing the actions taken: All staff have been informed to update care plans when the need arrises. All risk assessments and care plans with be reviewed by the manager in post to ensure that all information is up to date and reflective of the residents needs.
Area for improvement 4 Ref: Standard 25.8 Stated: First time To be completed by: 16 February 2018	The registered person shall ensure that staff meetings take place on a quarterly basis. Ref: section 6.5
	Response by registered person detailing the actions taken: Due to the long term absence of the manager at the time of the inspection, a team meeting did not take place. A full team meeting has taken place on 16.03.18 to ensure that the standred is met and date placed in the diary for quartly meetings in the future.Minutes have been recorded and are avaiable for all staff to read and sign.

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



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