

Unannounced Care Inspection Report 1 August 2018



Creamery House

Type of Service: Residential Care Home
Address: 38 Main Street, Kesh, BT93 1TE
Tel No: 028 6863 2176
Inspector: Cilla Clayton

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eleven beds that provides care for residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Lynette McHugh Stefanie Broderick, temporary manager acting up in the absence of the registered manager
Person in charge at the time of inspection: Stefanie Broderick	Date manager registered: 1 April 2015
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 11 residents – RC – LD and RC-LD (E)

4.0 Inspection summary

An unannounced care inspection took place on 1 August 2018 from 10.15 to 15.30 hours.

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.

The registered manager was off on leave and a temporary manager was acting up.

Evidence of good practice was found in relation to the provision of care where residents are treated with dignity and respect and fully involved in decisions affecting their treatment, care and support. There was supporting evidence of effective management and good governance systems and processes.

No areas requiring improvement were identified during this inspection. The manager and staff are to be commended in this regard.

Residents said they were very happy living in Creamery House where the staff are very good and take care of us. No issues or concerns were raised or indicated by residents.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Stephanie Broderick, temporary manager acting up for the registered manager who was on leave. The timescales for completion commence from the date of inspection.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 January 2018.

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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, seven residents, one relative and three staff.

A total of ten satisfaction questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten questionnaires were returned by nine residents and one from an unknown source. No questionnaires were returned from staff within the required timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits conducted
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 16 January 2018

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 16 January 2018

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 25.6 Stated: First time	The registered person shall ensure that the grades of staff working in the home are recorded on the duty rota. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: Review of the staff duty roster evidenced the recorded grades of staff.	

Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall address the malodour in one identified bedroom. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: The odour within one room had been eradicated.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans are maintained on an up to date basis. Ref: section 6.5	Met
	Action taken as confirmed during the inspection: Review of three care plans evidenced that these were current. The manager advised that a review of all care plans was undertaken to ensure compliance with minimum standards.	
Area for improvement 4 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings take place on a quarterly basis. Ref: section 6.5	Met
	Action taken as confirmed during the inspection: Staff meetings were held on a quarterly basis with minutes recorded.	

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 manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used to replace 3 staff members, two of whom had returned to work. The manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care as those commissioned were consistent staff. The manager explained that a new staff appointment was to be made following recent interviews.

Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home at the time of inspection.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all new staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. Supervision of support workers was held six monthly and with team leaders three monthly.

Discussion with the manager and staff 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

A record of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). The manager advised that all agency/bank staff commissioned to work in the home were also registered with NISCC.

The manager explained that the trust had adopted the Department of Health (DoH) adult safeguarding policy and procedures. A trust explanatory letter of this arrangement was shown to the inspector. Copies of both documents were available to staff within the home. The manager explained that a champion for adult safeguarding had been identified.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. One adult safeguarding issue had been screened with no further action necessary.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that no suspected, alleged or actual incidents of abuse had taken place from the previous inspection. The manager was aware of the procedure to follow should a safeguarding issue arise.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that all residents' care needs and risk assessments were obtained from prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. For example; hand hygiene and environmental audits were undertaken.

The manager reported that there had been no outbreaks of infection since the previous inspection and that any outbreak arising would be managed in accordance with trust IPC policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

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. No odours were detected in the home.

The kitchen was observed to be clean, tidy and organised. The home received the highest rating of 5 for food hygiene from environmental health on 28 February 2018. This is to be commended. Records of food and fridge temperatures were being monitored and recorded. A first aid box was situated within the kitchen.

The day's menu was displayed with choice afforded. This was displayed in pictorial and written formats. Table mats were provided for residents at risk of choking. Discussion with the support worker evidenced that staff were aware of residents who were at risk of choking and the measures in place to minimise the risk.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example; Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking and manual handling.

The home had an up to date Legionella risk assessment in place dated 14 May 2018 and all recommendations were being addressed.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 26 February 2018 and recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and staff spoken with during the inspection made the following comments:

- "Good measure in place to ensure residents are safe." (staff)
- "Yes I can speak with the staff if I have a problem." (resident)
- "The home is always kept very clean and tidy." (staff)
- "Yes I feel there is always staff available." (relative)

Ten completed questionnaires were returned to RQIA from residents. 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 staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

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 daily/regular statement of health and well-being of the resident. Care needs assessment were complemented with risk assessments; for example, manual handling, nutrition, choking and falls, were reviewed and updated on a regular basis or as changes occurred. The manager advised that care reviews were undertaken following the first four weeks following admission to ensure the placement was suitable. Care reviews were then undertaken on an annual basis or more frequently if deemed necessary.

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. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned their practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home; for example, discussion with the resident and or their representative prior to admission, discussion and agreement in the planning of care, seeking the views of residents at meetings regarding the sessional menu planning and activity/outings. Records of food intake were retained.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record and monitor residents' weights. Any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments. Risk management dining room table mats were provided for residents at risk of choking. The home had a policy on choking which reflected management of residents who choose not wear dentures. Special diets were provided for residents as recommended by the dietician and SALT.

Discussion with the manager and staff confirmed that any wound care required was managed by community nursing services. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. No residents required wound management at the time of inspection.

Annual eyesight checks were undertaken by the visiting vision call optician. Six monthly dental screening was also provided. Records of visits were retained.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents, complaints, environment, catering and IPC were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits undertaken on behalf of the registered provider and also within the annual quality review report.

The manager advised 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. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. Issues arising which require action were addressed and recorded.

Observation of practice evidenced that staff communicated effectively with residents. Discussions with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example; reports of monthly visits undertaken on behalf of the registered provider/latest RQIA inspection reports/annual satisfaction survey report/annual quality review report/resident meeting minutes were available on request for residents, their representatives any other interested parties to read.

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.

Residents, staff and one resident's representatives spoken with during the inspection made the following comments:

- “Yes we get good care here. The staff always see to things.” (resident)
- “Residents care is effective, we have the resources and care reviews are held to ensure care is appropriate.” (staff)
- “Yes I believe the care is good here, staff always available.” (relative)

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

No issues or concerns were raised or indicated by residents, staff or relative who spoke with the inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised 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.

The manager, residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example they are always consulted about their care and pictorial formats have been developed to enhance their understanding.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. 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, for example,

care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

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. Care plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care and in the development of their person centred care plans. Other systems of communication included, residents' meetings and discussions with the trust staff member undertaking visits on behalf the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. Questionnaires were presented in pictorial format. The findings from the consultation were collated into a summary report which reflected positive responses in all areas of the questionnaire. The manager advised that the 2018/19 annual quality report would be developed and collection of data was a work in progress.

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 which included; arrangements in place for residents to maintain links with their friends, families and wider community which included; outings to local cafés and restaurants, visits out of the home with relatives and attendance at community events.

Residents, staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

- "Yes the staff are always kind to us." (resident)
- "Our residents are treated with dignity and respect. We always consult with them and seek their views about their care." (staff)
- "Very understanding staff, really good with the residents, kind and caring." (relative)

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied. No issues or concerns were raised or indicated.

No issues or concerns were raised or indicated by residents or staff.

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 manager outlined the management arrangements and governance systems in place within the home and stated that 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.

The manager demonstrated good understanding of The Residential Care Homes Regulations (Northern Ireland) 2005 and Residential Care Homes Minimum Standards (2011).

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the manager identified that she had a good understanding of her role and responsibilities under the legislation.

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. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Discussion with the manager and review of the records confirmed that no complaint was received since the previous inspection. Arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Templates available for the recording of complaints included sections for recording details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of the records of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. For example; NISCC best practice, DoH policy and regional guidelines, Northern Ireland Practice and Education Council (NIPEC). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Monthly visits made on behalf of the registered provider were undertaken as required in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced of each visit and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration certificate was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents, staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

- "There is excellent team work and we are happy to work here" (staff)
- "We get good support from the manager who operates an open door" (staff)
- " I know I can talk to the manager if I need to" (resident)
- "Yes the manager is always about and makes me feel welcome and keeps me fully informed" (relative)

Ten completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as "very satisfied". No issues or concerns were raised or indicated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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

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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