

Unannounced Care Inspection Report 2 June 2016



Creamery House

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

1.0 Summary

An unannounced inspection of Creamery House took place on 2 June 2016 from 10.15 to 15.30.

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

Is care safe?

There were no areas for improvement identified. 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.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records, audits and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. 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 to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Lynette McHugh, registered manager, as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

Enforcement action did not result from the findings of this inspection.

2.0 Service details

Registered organisation/registered provider: Western Health and Social Care Trust Elaine Way	Registered manager: Lynette McHugh
Person in charge of the home at the time of inspection: Lynette McHugh	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 11
Weekly tariffs at time of inspection: £494.00	Number of residents accommodated at the time of inspection: 7

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with seven residents, one member of the domestic staff, one support worker, one team leader, an activity therapist and the registered manager.

Six resident views, five representative views and seven staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Two care records
- Duty rota for week beginning 27 May 2016
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Audits
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 December 2015

The most recent inspection of the home was an unannounced care inspection. No quality improvement plan was issued at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

The last care inspection was completed on 15 December 2015. There were no requirements or recommendations made at this inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty – one member of the domestic staff, one support worker, one team leader and the registered manager.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of two staff files confirmed that supervision was undertaken on a three monthly basis and appraisals were completed annually. The registered 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; records of competency and capability assessments were retained. A review of one staff competency and capability assessment was undertaken. This was found to be undertaken annually.

Discussion with the registered manager confirmed 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 registered manager received written confirmation prior to commencement of employment that all necessary documentation was in order.

Discussion with staff evidenced that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Discussions with staff evidenced that they were knowledgeable and had a good understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Inspection of the home's adult safeguarding policy and procedures found that these were consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

A review of staff training records confirmed that adult safeguarding training was provided for all staff in accordance with RQIA's mandatory training requirements.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Discussion with the registered manager and review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that one area of restrictive practice was employed within the home notably a door entry system. Those residents who are assessed as capable and competent to leave the home independently were provided with the keypad code. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, 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. Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

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 registered manager confirmed that action plans were in place to reduce the risk where possible.

A review of the fire safety risk assessment dated 29 June 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually.

The most recent fire drills were completed on 26 May 2016, 5 May 2016 and 10 April 2016 and records retained of staff who participated. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked and were regularly maintained.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that the staff in the home responded appropriately to and met the assessed needs of the people who lived in the home.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

The care records reflected multi-professional input into the service users' health and social care needs. Care records contained an individual agreement setting out the terms of residency and the agreement was appropriately signed. The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed 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 accidents and incidents (including falls, outbreaks), complaints, environment, finances and care records were completed monthly. Further evidence of review of such audits were contained within the monthly monitoring visits reports.

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

Discussion with residents and observation of practice evidenced that staff were able to communicate effectively with the residents and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/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. Spiritual emblems were observed in residents' bedrooms. Discussion with residents and review of care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Discussion with residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Discussion with staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate through discussion; the principles of confidentiality.

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. During the inspection residents were involved in painting activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. This was also recorded within care records.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with the registered manager confirmed that 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. A care plan in picture format was in place for each resident. This care plan reflected 'Things I like to do, equipment I use daily, my family etc. This is to be commended.

The registered manager confirmed that 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, residents meetings, annual care reviews and the monthly monitoring visits.

Discussion with the registered manager confirmed there was resident consultation about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

Discussion with registered manager confirmed that the health and social care 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.

The registered manager confirmed there was a range of policies and procedures 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 confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents/representatives were made aware of the process of how to make a complaint by way of posters displayed in each bedroom and the notice board in communal areas. Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The registered manager confirmed that arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. This audit is completed on a monthly basis and returned to Trust management.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager confirmed a monthly audit of accidents and incidents was undertaken and this was available for inspection.

Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. An example of this was provided during the inspection where a resident was experiencing recurrent falls. Following a review of these incidents and discussion with staff it was highlighted that the bed quilt may have been a contributory factor to the falls. The quilt was replaced and the registered manager confirmed no further falls had occurred. This is to be commended.

The registered manager confirmed that there were quality assurance systems in place to drive quality improvement. These included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

The registered manager advised that such information would be shared at staff meetings or immediately, depending on the nature of the alert.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Such additional training included sensory awareness, continence management and catheter care.

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.

The registered manager confirmed that there was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. A review of the home's Statement of Purpose confirmed that a defined organisational and management structure, identifying the lines of responsibility and accountability, was in place. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Discussion with staff confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

A review of notifications of accidents and incidents and the returned QIP confirmed that the registered person/s responded to regulatory matters in a timely manner. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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