



Announced Care Inspection Report 2 November 2020



Creamery House

Type of Service: Residential Care Home
Address: 38 Main Street, Kesh, BT93 1TF
Tel No: 028 6863 2176
Inspector: Debbie Wylie

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 11 residents.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Anne Kilgallen	Registered Manager and date registered: Lynette McHugh 1 April 2005
Person in charge at the time of inspection: Lynette McHugh	Number of registered places: 11
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 3

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for residents
- personal care records
- quality improvement
- consultation

Residents consulted with were positive regarding their experience of living in Creamery House. Those who could not verbally communicate were observed to be relaxed and settled in their environment.

The findings of this report will provide Creamery House with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

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

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

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 5 to 18 October 2020
- staff training matrix for 2020
- staff supervision matrix
- a selection of quality assurance audits for July and August 2020
- regulation 29 monthly quality monitoring reports for June, July and August 2020
- management arrangements out of hours
- the management/organisational structure of the home
- complaints records for 2020
- a sample of compliments records
- incident and accident records from 1 June 2019 to 10 October 2020
- minutes of the last three residents' and staff meetings
- activity planner for September 2020
- menus for August 2020
- three residents' personal care records

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires, ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via technology with Lynette McHugh, manager.

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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 January 2020. There were no areas for improvement identified.

6.2 Inspection findings

6.2.1 Staffing

We reviewed the staff rota for the period 5 to 18 October 2020. The manager verified that staffing levels were maintained and based on resident dependency levels. Staff also confirmed that staffing levels were safe. The name and role of staff members and the manager's hours were easily identified on the rota.

Staff confirmed that they were supported in their roles by the manager. Staff spoken with had a good knowledge of their roles and responsibilities and residents care needs. Staff also described the action they would take if they had any concerns about residents' care or working practices in the home. Staff told us they received training to assist them in their role. This was confirmed on review of the staff training matrix for 2020. Staff comments included:

"Very approachable manager."

"There are good numbers of staff."

"There is no problem with staffing and team leaders are brilliant."

Staff and resident's interactions were observed and were pleasant and respectful. Staff responded to residents requests for assistance in a timely and caring manner.

As part of the inspection process, we asked residents, family members and staff to provide comments on staffing levels via questionnaires. Three relatives and four staff questionnaires were returned and indicated that they had no concerns about staffing in the home.

6.2.2 Management arrangements

We reviewed an accurate and detailed account of the existing management arrangements for the home. This included the qualifications and experience for all levels of management in the home. The records also provided detail on all staff employed in the home and their roles and experience.

The on-call arrangements in place to ensure that staff are effectively supported at all times were clearly documented. The contact details for those staff on-call were provided across the 24 hour period. Staff spoken with were familiar with how to contact the person on call and the arrangements in place for management cover.

6.2.3 Governance systems

The manager confirmed that the home continued to operate within its registered categories of care. The manager was in attendance throughout the inspection and provided any information required.

We reviewed the record of accidents and incidents in the home; we found these to be well documented and accurately reported to RQIA.

The record of the monthly monitoring visits were reviewed for June, July and August 2020 and evidenced that the reports were detailed, accurate and completed once per month.

The quality audits of working practices in the home were reviewed for falls and infection prevention and control; this included hand hygiene and environmental cleaning. These audits were accurate and provided evidence of good practice. The audits for nutrition and restrictive practice were not completed. This was discussed with the manager and they are to be commenced and carried out regularly. An area for improvement was made.

A review of the complaints records found that no complaints had been received by the home during 2020.

During the inspection we spoke with three staff and four residents who commented or expressed positive views on the care in the home and the support of the manager. Comments from staff included:

“There is a good team who work well together.”

“The care is excellent.”

“There is good support and the manager is very approachable.”

“I really like it here. It’s homely.”

6.2.4 Infection prevention and control (IPC)

The manager told us that the home had remained COVID – 19 free throughout the current pandemic. The manager informed us that due to the current COVID-19 pandemic, all visitors to the home had their temperature checked prior to entering the home and personal protective equipment (PPE) and hand sanitising gel were provided. The home provided an area for socially distanced visits for residents and families.

Communal rooms, resident’s bedrooms and bathrooms were clean tidy and well presented. Corridors and fire exits were uncluttered and free from obstruction.

Analysis of the hand hygiene and environmental cleaning audits provided evidence that IPC practices were of a good standard within the home. Staff were observed to use appropriate PPE throughout the home when caring for residents or assisting them with their meals. Staff confirmed they had received training in the use of PPE and there was an adequate supply.

6.2.5 Quality of life for residents

We undertook a walk around the home with the use of technology. Resident's bedrooms were attractively decorated and personalised with mementos of their family lives. The outside of the home had seating areas for residents to enjoy the garden. Pumpkins had been carved by residents and were placed outside for decoration.

Residents smiled and were happy throughout the inspection while demonstrating their art work, playing darts and use of headphones to listen to music. Activities were planned daily for residents and included; arts and crafts, arm chair exercises, skittles, walking, reminiscence, sing-along, film nights and table top games.

We observed the serving of the lunch time meal. A pictorial menu was displayed for residents and was informative and easy to understand. Staff were observed assisting those residents who required help with their meal. Staff asked residents about their choice of meal and drinks and provided condiments to those who required them. The dining room was decorated with lovely examples of Halloween decorations which had been made by the residents.

Resident's meetings have been held monthly with good numbers of residents in attendance. Discussion took place about COVID-19, hand hygiene, personal space, activities and memories. The names of those who attended were included in the minutes.

6.2.6 Personal care records

Prior to the inspection we reviewed three residents' care records. The records showed that individual needs assessments had been completed along with up to date dental care plans which provided information to meet the needs of residents. Review of other care records including personal care, weight records and eating and drinking were not up to date and did not provide adequate detail. This was discussed with the manager and is to be put in place. An area for improvement was made.

The records provided evidence of the involvement of other health care professionals such as the dentist. Dependency levels were also appropriately recorded in residents' care records. Care records were agreed, signed and dated by the resident or their representative.

6.2.7 Quality improvement

We requested documents for any current or planned quality improvements prior to the inspection. No documents were submitted.

The home has put in place an area for safe visiting for families and residents which includes PPE and social distancing to ensure infection prevention and control guidance is followed during the COVID-19 pandemic.

6.2.8 Consultation

The home had been notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent to the home at this time. The pack included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and an email address by which they could contact RQIA to provide

feedback on the care provision in the home. We did not receive any feedback via telephone or email.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

We received three relative and four staff questionnaires which confirmed that they were very satisfied that care in Creamery House was safe, effective, compassionate and well led. Comments from three staff members who were consulted during the inspection included:

"We have a lot in place for safety during COVID."

"We have a lot of activities including arts and crafts."

"The residents and the staff are lovely."

"Everything about here is wonderful."

"Residents are relaxed and content."

Areas for improvement

Areas for improvement were identified and included; auditing of working practices in the home and record keeping.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The home was tidy and well presented on the day of inspection. Staff spoke positively about working in Creamery House. Residents in the home appeared settled and there was positive interaction between residents and staff. There were lovely example of Halloween decorations which had been made by the residents.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynette McHugh, manager, 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 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 20.10 Stated: First To be completed by: 30 November 2020	The registered person shall ensure that audits of working practices within the home are completed regularly. This is in relation to restrictive practices and nutrition. Ref: 6.2.3
	Response by registered person detailing the actions taken: Monthly audits are carried out and completed within the home. These audits will include review of restrictive practices and nutrition.
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: 30 November 2020	The registered person shall ensure care plans are up to date, reflect residents' current care needs and provide adequate detail. This is in relation to personal care, weight records and nutritional care plans. Ref: 6.2.6
	Response by registered person detailing the actions taken: Detailed Careplans are in place which reflect current clients needs. Weights are recorded in weights book, and will also be reflected in careplan. Nutritional advice will be included within care plans as required.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care