

Inspection Report

4 August 2021



Creamery House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) Responsible Individual Dr Anne Kilgallen	Registered Manager: Mrs Lynette McHugh Date registered: 01 April 2005
Person in charge at the time of inspection: Ms. Gillian Shaw, acting team leader	Number of registered places: 11
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 11 residents.	

2.0 Inspection summary

An unannounced inspection was conducted on 4 August 2021, from 9.40am to 2pm by a care inspector.

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

These two areas of improvement identified at the last inspection was reviewed and met.

The home was clean, tidy, well ventilated and lit and free from malodour.

Staffing levels were found to be in keeping with resident dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Residents were seen to be well cared for. There was clear evidence of attention to personal care and dressing, and those residents who required assistance with mobility and assistance with meals and fluids were seen to be attended to by staff in a prompt and compassionate manner.

Feedback from residents indicated that they were satisfied with the care and service provided for in Creamery House.

No areas of improvement were identified during this inspection.

RQIA were satisfied that the delivery of care provided for in Creamery House was safe, effective, compassionate and well-led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents told us that felt safe and that they were satisfied with the care delivery in the home. They described staff as "friendly" and "kind." and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that residents' needs were met.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they feel supported by the manager.

Responses from resident questionnaires were all positive.

5.0 The inspection

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

Areas for improvement from the last inspection on 02 November 2020.		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Audits of working practices were in place on a regular and up-to-date basis.	
Area for improvement 2 Ref: Standard 6.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: These areas of care were in place in sufficient and up-to-date detail.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties. Staff also said they received regular supervision and found this to be beneficial.

Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. The manager's hours were stated on the rota and the senior in charge at each shift in the absence of the manager was highlighted. Staff told us that they knew who was in charge of the home at any given time.

The senior in charge confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of residents in the home. It was noted that there was enough staff available in the home to respond to the needs of residents.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. One resident made the following comment; "I like it here. I like all the staff. They (the staff) are very good."

Staff told us that they were satisfied with the staffing levels in the home and described the care as being very good.

Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly and ensuring resident privacy during personal interventions. Residents were offered choices throughout the day, for example, from where and how they wished to spend their time and their foods and fluids.

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their jobs in a professional and polite manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..." and knocking of bedroom doors to seek permission of entry.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. These include any advice or directions by other healthcare professionals. Residents' care records were held confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in used, where deemed necessary. Resident areas were free from clutter, and staff were seen to support or supervise residents with limited mobility. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

At the time of this inspection, a visiting healthcare professional said that they felt the home was very good and always took on board any recommendations and advice.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the residents. One resident made the following comment; "The food is very good. I can get what I want to eat."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

In summary, there were no concerns identified in relation with the care delivery or record keeping.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable.

A staff room on the first floor had water damage to the ceiling and wall. Confirmation was received from the manager via email following this inspection to report that this issue had a schedule date for repair.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was completed on 21 August 2020. Confirmation was received from the manager via email following this inspection to report that the one recommendation from this assessment had been attended to.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; with Mrs. Lynette McHugh has been the manager since 1 April 2005. Two senior managers from the Trust made a visit to the home at the time of this inspection, to speak with residents and staff and to examine the environment.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the team leader and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance.

In summary there were effective systems to monitor all aspects of the running of the home. There was a clear organisational structure and staff were aware of their roles within the structure.

6.0 Conclusion

Residents looked well cared for in that they were well dressed, clean and comfortable. There was a nice atmosphere and ambience in the home and it was clear that residents and staff had a good rapport with one another.

Feedback from residents was all positive and warm. Residents also stated that they knew the management team and they got on well with them.

No areas of improvement were identified during this inspection.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gillian Shaw, acting team leader.



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