



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Unannounced Care Inspection**

<b>Name of Service:</b>	<b>Creamery House</b>
<b>RQIA Number:</b>	<b>1145</b>
<b>Date of Inspection:</b>	<b>5 November 2014</b>
<b>Inspector's Name:</b>	<b>Priscilla Clayton</b>
<b>Inspection ID:</b>	<b>16961</b>

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Home:</b>	Creamery House
<b>Address:</b>	38 Main Street Kesh BT93 1TE
<b>Telephone Number:</b>	(028) 6863 2176
<b>Email Address:</b>	lynette.mchugh@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Elaine Way CBE
<b>Registered Manager:</b>	Lynette McHugh
<b>Person in Charge of the Home at the Time of Inspection:</b>	Lynette McHugh
<b>Categories of Care:</b>	RC-LD(E), RC-LD,
<b>Number of Registered Places:</b>	11
<b>Number of Residents Accommodated on Day of Inspection:</b>	8
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and Type of Previous Inspection:</b>	6 March 2014 Primary Announced Inspection
<b>Date and Time of Inspection:</b>	5 November 2014 10.30 am – 4.30 pm
<b>Name of Inspector:</b>	Priscilla Clayton

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	3 including the manager
Relatives	None present
Visiting Professionals	None present

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	17	nil

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of Service

Creamery Residential Care home is situated in the centre of Kesh town close to shops and **all** amenities. The residential home is leased from Helm Housing and is operated by the Western Health and Social Care Trust.(SHSCT). Lynette McHugh is the registered manager of the home and has been registered manager with RQIA since inception in 2005.

Accommodation of single rooms for residents is provided in a two storey detached house. Communal lounge and dining areas are provided on the ground floor of the home.

The home provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 11 persons under the following categories of care.

### Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 year

## 8.0 Summary of Inspection

This primary unannounced care inspection of Creamery House was undertaken by Priscilla Clayton, care inspector, on 5 November 2014 between the hours of 10.30am and 4.30pm. Lynette McHugh, registered manager, was available throughout the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were discussed and associated documentation reviewed demonstrated that two requirements relating to the environment were work in progress and one recommendation relating to policy / procedure has been reiterated for a second time. Should the reiterated recommendation which requires to be addressed within the extended timescale specified, be not actioned RQIA will consider further regulatory action as outlined in the enforcement policies and procedures. The detail of the actions taken by the registered manager can be viewed in the section 9 of this report.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint would only ever be used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in decisions affecting their care.

One recommendation made related to ensuring that the provision of training for staff who did not attend mandatory training in challenging behaviour and MAPPA.

## **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A good selection of materials and resources were available for use during activity sessions. One recommendation made related to ensuring that the duration of organised activities and staff supervising the activity session record their full name in the daily activity record.

The evidence gathered through the inspection process concluded that Creamery House is substantially compliant with this standard.

### **Resident and Staff Consultation**

During the course of the inspection the inspector met with residents and staff and distributed staff questionnaires. No questionnaires were completed or returned to RQIA within the timescale.

In discussions with residents who were able to verbally communicate they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Discussions with staff indicated that they felt supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff is included in section 11.0 of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Five residents who had left the home to attend day care returned at 3.30pm. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The manager explained that work on the internal décor of the home, which has been reiterated for a third time by RQIA is scheduled to commence week commencing 10 November 2014. Confirmation that work had commenced was notified to RQIA following the inspection.

### **Additional Matters**

A number of additional areas were also considered during the inspection. These included pre inspection returns regarding care reviews, the management of complaints and information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

### **Conclusion**

One requirement and nine recommendations were made as a result of this primary unannounced inspection. Details of the improvements necessary can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff, registered manager for their assistance and co-operation throughout the inspection process.



### 9.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 5 November 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (d)	<p>The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> <li>• Repaint the identified sitting room (paintwork marked/chipped)</li> <li>• Re-varnish the identified door (chipped/marked)</li> <li>• Replace the floor covering in the residents' designated smoke room (marked)</li> <li>• Repaint the residents' designated smoke room (walls and ceiling stained)</li> <li>• Re-varnish the skirting boards and windowsills in the residents' designated smoke room (chipped)</li> <li>• Repaint the laundry (paint chipped)</li> <li>• Ref: Section 1.8 of report dated 4 March 2014. (Additional Areas Examined)</li> </ul>	<p>This work has not been undertaken (Second time stated).</p> <p>The manager confirmed that she has been notified that work would start week commencing 11 November 2014.</p> <p>Written confirmation regarding commencement of work was submitted to RQIA following the inspection.</p> <p>The manager is requested to forward written confirmation regarding completion of work to RQIA.</p>	Working towards compliance
2	27 (2) (d)	<p>The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> <li>• Replace the floor covering in the residents' designated smoke room (marked)</li> </ul>	<p>This work had not been undertaken. (Third time stated)</p> <p>The manager confirmed that she has been notified that work would start week commencing 11 November 2014.</p>	Working towards compliance

		<ul style="list-style-type: none"> <li>• Repaint the residents' designated smoke room (walls and ceiling stained)</li> <li>• Re-varnish the skirting boards and windowsills in the residents' designated smoke room (chipped)</li> <li>• Repaint the laundry (paint chipped)</li> </ul> <p>Ref: Section 1.8 (Additional Areas Examined of report dated 6 March 2014).</p>	<p>Following the inspection RQIA received written confirmation that work had commenced as commissioned.</p> <p>The manager is requested to forward written confirmation regarding completion of work to RQIA.</p>	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19.1	<p>It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p>Ref: Criterion 19.1</p>	<p>The manager confirmed that this was work in progress by the trust human resource department.</p> <p><b>This recommendation is reiterated for a second time.</b></p>	Not compliant
2	25.1	<p>It is recommended that care staffing levels be reviewed in order to ensure the number of staff rostered on duty is adequate to fully address the residents' assessed needs.</p> <p>Ref: Section 1.10 (Additional Areas Examined)</p>	<p>The manager and staff who spoke with the inspector and examination of the staff duty roster confirmed that staffing was now satisfactory for the number and dependency levels of residents accommodated.</p>	Compliant
3	24.2 & 21.5	<p>It is recommended that the staff supervision policy and procedures be reviewed in line with standard 21.5</p> <p>Ref: Section 1.11 (Additional Areas Examined)</p>	<p>Examination of the policy dated July 2014 evidenced that this has been reviewed and revised in accordance with standard 21.5.</p>	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff have a good knowledge and understanding of individual residents conduct, behaviours and means of communication - through care plans, risk assessments, admission information, training provided and multi-disciplinary working.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a comprehensive corporate policy / procedure (Mental health and Learning Disability) on Challenging Behaviour, dated 2011.</p> <p>A review of staff training records identified that eleven care staff had received training in behaviours which challenge on 28 April 2014. The manager confirmed that the remaining staff would receive training as soon as another training date was available. Records evidenced that six staff had received training in restraint (MAPPA) on 14/15/16 March 2014. One recommendation was made in regard to the provision of training in challenging behaviour and MAPPA for remaining staff who did not attend training.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed and complemented general assessments and care plans.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>Staff interactions with residents were observed to be undertaken in a respectful professional manner.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Any change in behaviour is recorded, monitored and support sought from multi-disciplinary team as necessary - behaviour support team and sensory O.T. provide advice as required. Care plans and risk assessments are updated as necessary. Staff are in receipt of challenging behaviour training and MAPA training.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff was aware of the need to report uncharacteristic behaviour of residents to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and evidenced that they contained the relevant information regarding the residents identified uncharacteristic behaviour. There was evidence of good multi-professional collaboration in planned care.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Care plans detail response required from staff, residents are aware of the content of the plan and agreement sought where appropriate. Next of kin would be encouraged to attend reviews where care plans/risk assessments would be signed off and agreed by all present.	Compliant
<b>Inspection Findings:</b>	
Information as illustrated in the manager's self- assessment was verified through examination of a random sample of care records. Care plans examined evidenced consultation including signatures of resident / representative.	Complaint
<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
A behaviour management programme would be approved by relevant professionals as necessary.	Compliant
<b>Inspection Findings:</b>	
The manager confirmed that this criterion is not applicable at present as no specific behavioural management plans are required and that this criterion would always be implemented.	Not applicable at present.

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Relevant professionals will be involved in supporting staff with the implementation of support plans. The community keyworker also provides support - training is provided to staff as necessary. Staff are also supported through staff meetings and supervision.	Compliant
<b>Inspection Findings:</b>	
The manager confirmed that no behavioural management programmes are required at present and that if this was necessary these would be implemented through consultation and assessment by the behavioural management team. Staff training and support would be provided as required.	Not applicable at this time.
<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All untoward incidents are reported to relevant bodies, professionals and next of kin. The care plan would be amended if necessary and a review meeting called if deemed necessary.	Compliant
<b>Inspection Findings:</b>	
The manager and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

A review of the accident and incident records from April 2014 to November 2014 took place and three care records examined evidence compliance with this criterion.	
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<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
<b>Provider's Self-Assessment</b>	
MAPA training is currently being rolled out to staff. All staff are aware of Restrictive Practice Policy and interventions. All incidents are reported to relevant bodies, professionals and next of kin.	Substantially compliant
<b>Inspection Findings:</b>	
<p>The only form of restraint in place is the use of a key pad on the front door which is required to ensure safety of residents. Residents confirmed during discussions that they were in agreement with security measures and the necessity to have a secure front door system in place. Discussions with staff confirmed that restraint was only ever used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</p>	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activities are based on individual residents interests and desires. Residents are encouraged to make suggestions with regard to activities. Participation in community activities and events are encouraged - activity assessments are in place.	Compliant
<b>Inspection Findings:</b>	
The home does not have a policy / procedure on the provision of activities. One recommendation was made in this regard. Review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. As confirmed by residents activities provided were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activities are offered and facilitated depending on appropriateness, what is happening in the local area, ongoing activities and any suggestions the residents may have. Activities are offered and facilitated depending on appropriateness, what is happening in the local area, ongoing activities and any suggestions the residents may have. Suggestions from staff and residents are welcomed and encouraged with regard to local activities and	Compliant

events.	
<b>Inspection Findings:</b>	
Examination of the programme of activities identified that social activities are organised on several occasions during the week.  The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All residents are asked individually and at residents council meetings what activity they would like to have facilitated. Despite a small number of residents generally declining participation in activities/outings they are still offered the opportunity.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. No residents choose to remain in their own rooms throughout the day.  Staff confirmed that residents and their representatives were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings.	Complaint
<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
An activity board situated in the hallway is completed on a daily basis. Residents are encouraged and supported to participate in the completion of this board. Each resident has an activity plan displayed in their bedroom.	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection the programme of activities was on display in the hallway of the home. This location was considered appropriate as the area was accessible to all residents and their representatives who visit the home.	Compliant

Discussions with residents confirmed that they were aware of what activities were planned as this was displayed in pictorial format.

The programme of activities was presented in an appropriate format, including pictorial, to meet the residents' needs.

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Residents are supported with activities as appropriate - referrals made to O.T. etc as required to enable resident participation.	Compliant
<b>Inspection Findings:</b>	
The care staff and residents confirmed there was an acceptable supply of activity equipment available. This equipment included a range of arts and crafts equipment, board games, books and gardening equipment. Staff confirmed that equipment was replaced as and when required.	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activities are resident led, residents are free to opt out or into activities as they wish.	Compliant
<b>Inspection Findings:</b>	
The registered manager, staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.  One recommendation made related to ensuring that the duration of organised activities is recorded in the daily programme of activities and that staff supervising the activity session record their full name.	Substantially compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The manager would ensure the delivery of any activity is appropriate depending on resident groups, this would be achieved through monitoring observation and feedback from residents and staff.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that a commissioned person undertakes some activity sessions including arts/crafts and that evidence was obtained from that person that they had the necessary skills and knowledge to deliver the activity.  One recommendation made related to ensuring the activity undertaken by the commissioned person is recorded within the activity log book.	Compliant
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Currently a contracted in person is facilitating an art group which is supervised by Creamery House staff.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
An appropriate record of activities is maintained within the home.	Substantially compliant
<b>Inspection Findings:</b>	
The home retains a record of daily activities provided which included the names of residents who participated. One recommendation made related to ensuring all activities provided and the named person leading the activity is recorded.  There was evidence that consent was obtained from residents in regard to photography displayed on the notice board depicting social events held during the year.	Substantially compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme is reviewed regularly, flexible and amended as frequently as required dependant on residents requests, community and other events or occasions.	Compliant
<b>Inspection Findings:</b>	
A review of the programme of activities identified that it had last been reviewed on a seasonal basis. The records also identified that the programme had been reviewed at least twice yearly and often more frequently.  The registered manager and care staff confirmed that planned activities were changed at any time at the request of residents.	Compliant

Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	
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<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

## **11.0 Additional Areas Examined**

### **11.1 Residents Consultation**

The inspector met with five residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others moved freely around the home. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

### **11.2 Relatives/Representative Consultation**

No relatives visited the home during the inspection.

### **11.3 Staff Consultation**

The inspector spoke with three staff. No questionnaires were returned to RQIA within the timescale. Discussions held with staff identified that they felt supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities and social events were in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Staff confirmed they felt encouraged and were well supported by their manager with formal supervision and annual appraisal provided.

### **11.4 Visiting Professionals Consultation**

No professionals visited the home during the time of the inspection.

### **11.5 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

### **11.6 Care Reviews**

Prior to the inspection date in regard to trust residents' care management review was forwarded to the home for completion by the manager. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is

considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

### **11.8 Accidents / Incidents**

Records of accidents / incidents occurring in the home were being maintained. Records examined from April 2014 to date were cross referenced with those notified to RQIA. One requirement was made in regard to notifying RQIA of any accident occurring in the home in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005.

### **11.9 Menu**

Staff must ensure that correct daily menu is displayed. The menu displayed on the day of inspection referred to the previous day. One recommendation was made in this regard.

### **11.10 Care Records**

Residents' care records reflected comprehensive primary assessment which was complemented with a range of risk assessments. There was evidence of multi-professional collaboration in planned care. Daily evaluations were being documented. One recommendation made related to ensuring that no spaces are present between daily notes made by staff.

### **11.11 Fire Safety**

Staff training in Fire safety is provided with records retained. The homes fire risk assessment, dated 23 June 2014 was examined and discussed with the manager as the action taken to address recommendations was not recorded in the assessment. Following the inspection a copy of the fire risk recommendations was forwarded to the RQIA estates inspector for information and follow up.

### **11.12 Environment**

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Improvements to the internal decoration of the home commenced on 10 November 2014 as confirmed by the staff member in charge of the home. The manager is to notify RQIA when this work has been completed.

### **11.13 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time

of the inspection, and living in or using this service was sought as part of this inspection. A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

#### **11.14 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 23 June 2014. Areas recommended for improvement from the assessment had not been recorded as actioned. This information was passed to the RQIA estates inspector who is to follow up on this matter.

A review of the fire safety records evidenced that fire training had been provided. Fire equipment maintenance records were not examined on this occasion.

#### **11.15 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the manager, Lynette McHugh who confirmed that all staff employed at the home had been vetted by the trust Human Resource department according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Lynette McHugh, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Unannounced Care Inspection

**Creamery House**

**5 November 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Lynette McHugh, registered manager, during and on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Regulation 30 (f)	<p><b><u>Accidents / Incidents</u></b></p> <p>The manager must ensure that RQIA is notified of any accident occurring in the home in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p>	One	All accidents recorded will be forwarded through the incident report procedure to RQIA.	Immediate and ongoing

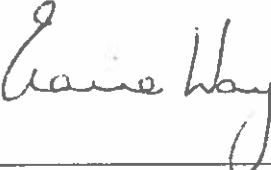


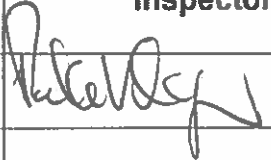
<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 27.12	<p><b><u>Environment</u></b></p> <p>The manager is requested to forward written confirmation to RQIA on the completion of the internal and external environment work which is taking place.</p> <p>(Section 11.11)</p>	One	The Manager is updating the inspector on progress of works as each stage commences.	On completion of work
2	Standard 19.1	<p><b><u>Policy / Procedure</u></b></p> <p>It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p>	Two	This issue has been passed onto Senior Management in the WHSCT to be discussed at the next Policy Design.	28 February 2015
3	Standard 10.1	<p><b><u>Training</u></b></p> <p>It is recommended that training in challenging behaviour and MAPPA is provided for staff who did not attend scheduled training.</p>	One	This training will be sourced and provided for staff when dates are available.	28 February 2015

4	Standard 13.1	<p><b><u>Policy/Procedure Development</u></b></p> <p>It is recommended that a policy / procedure is developed for the provision of resident therapeutic activities.</p>	One	This policy has now been developed and in place.	28 February 2015
5	Standard 13.6	<p><b><u>Activity Records</u></b></p> <p>Ensure that the duration of organised activities is recorded in the daily of activity record.</p>	One	This information is now recorded on the activity record.	31 November 2014
6	Standard 13.7	<p><b><u>Commissioned Activity</u></b></p> <p>Ensure any activity undertaken by the commissioned person is recorded within the activity log book.</p>	One	This information is now recorded on the activity sheet..	31 November 2014
7	Standard 13.9	<p><b><u>Recording Named Person Responsible</u></b></p> <p>Ensure all activities and the named person leading the activity is documented within the activity records.</p>	One	This information is now documented within the activity records.	31 November 2014
8	Standard 12.4	<p><b><u>Daily Menu</u></b></p> <p>The manager must ensure that staff displays the correct daily menu. (Section 11.9)</p>	One	The daily menu is displayed on the noticeboard in the dining room.	6 November 2014

9	Standard 22.5	<b><u>Care Records</u></b>  The manager is to ensure that staff refrain from leaving spaces between daily notes in care records.  (Section 11.0)	One	This has been actioned.	6 November 2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Lynette McHugh
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes		8/1/15
Further information requested from provider			