

Inspection Report

8 November 2022



Creamery House

Type of Service: Residential Care Home
Address: 38 Main Street, Kesh, BT93 1TF
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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 Mr. Neil Guckian	Registered Manager: Mrs. Lynette McHugh Date registered: 01 April 2005
Person in charge at the time of inspection: Mrs. Gillian Irvine, 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: 8
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. The home is over two floors with communal sitting and dining areas on the ground floor.	

2.0 Inspection summary

This unannounced inspection was conducted on 8 November 2022, 9.20am to 1.40pm by a care inspector.

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

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

It was evident that staff promoted the dignity and well-being of residents. Staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate manner and care was seen to be delivered in a person centred manner.

One area requiring improvement was identified during this inspection. This was in relation to submitting a time bound action plan detailing how the recommendations from the most recent fire safety risk assessment will be addressed.

Residents said that living in the home was a good experience and praised the staff for their kindness and support.

RQIA were assured that the delivery of care and service provided in Creamery House was safe, effective, and compassionate and that the home was 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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.

The findings of the inspection were discussed with Mrs Gillian Irvine at the conclusion of the inspection.

4.0 What people told us about the service

Residents indicated that they were very happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities.

Responses to three residents' questionnaires were all positive.

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels, teamwork, training and managerial support.

5.0 The inspection

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

The last inspection to Creamery House was undertaken on 4 August 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment of staff is organised by the Western Health & Social Care Trust's human resources department.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff said that there was enough staff on duty to meet the needs of the residents. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. It was also observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. Staff spoke positively about their training.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm.

Care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. Tables were nicely set with choice of condiments. The menus were suitably and accessibly displayed. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Discussions with staff confirmed knowledge of these assessments. Staff also had received up-to-date training in dysphasia.

Care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. These records were well maintained with detail of the resident's well-being. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a programme of decoration in place. At the time of this inspection, new flooring was being installed in residents' bedrooms, for which there was seen to be no obvious disruption to residents' comfort during this. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The laundry department was found to be clean, tidy and organised.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and, fire safety drills.

The home's most recent fire safety risk assessment was dated 15 July 2022. An area of improvement was identified to submit a time bound action plan details how the five recommendations from this assessment will be addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

5.2.4 Quality of Life for Residents

Observations of care practices confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or engage in pastime of choice or relax in their bedrooms.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options, and social activities.

The genre of music and television channels played was appropriate to resident' age group and tastes.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

5.2.5 Management and Governance Arrangements

Mrs. Lynette McHugh is the Manager of the home. Staff commented positively about the Manager and described them as supportive, approachable and available for guidance.

At the time of this inspection, Mrs. Gillian Irvine, Team Leader, was in charge of the home. She acted with good competence and knowledge throughout this inspection.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. There were good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

There was a comprehensive system of audits and quality assurance in place. These audits included; monthly falls audits and infection prevention and control audits.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. During this inspection an unannounced visit took place by a representative of the responsible individual for quality monitoring purposes. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Gillian Irvine, Team Leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 8 December 2022	<p>The registered person must submit a time bound action plan detailing how the five recommendations from the fire safety risk assessment, dated 15 July 2022, will be addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The service manager developed a time bound action plan detailing how all five recommendations from the fire safety risk assessment, dated 15th July 2022 have been addressed and closed down. A copy of the action plan was shared with the RQIA Inspector, filed to the Fire Log that is held in Creamery House.</p>

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



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