

Inspection Report

18 July 2023



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. Lynette McHugh	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: 7
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. Accommodation is provided for over two floors.	

2.0 Inspection summary

This unannounced inspection took place on 18 July 2023, from 9.30am to 1.20pm. the inspection was conducted by a care inspector.

The inspection assessed progress with the one area 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.

This previous area of improvement was met.

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.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One area requiring improvement was identified. This was in respect of notification of events involving emergency services to be reported to RQIA.

RQIA were assured that the delivery of care and service provided in Creamery House was safe, effective, 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. Lynette McHugh, at the conclusion of the inspection.

4.0 What people told us about the service

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

Staff spoke positively about their roles and duties, the provision of care, training and managerial support.

There were no responses received from resident and representative questionnaires following this inspection.

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 12 June 2023 by a pharmacist inspector; no areas for improvement were identified.

Areas for improvement from the last care inspection on 8 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This time bound action plan was submitted to RQIA.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment of staff is managed by the human resource department of the Western Health & Social Care Trust and the Manager of the home. When an employee has been successfully appointed the Manager of the home receives confirmation from the human resource department that all pre-employee checks are suitably in place.

All care staff are registered with the Northern Ireland Social Care Council (NISCC) and checks are maintained on a monthly basis of these registrations.

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. 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.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis.

Any member of staff who has the responsibility of being in charge of the home, in the absence of the Manager has a competency and capability assessment in place for this responsibility.

Agency staff are employed to cover staffing deficits whilst these positions are being recruited. Confirmation was in place of agency staff employed in the home receiving an induction. Checks are also in place confirming the staff member's identity, professional registration and current training and Access NI check.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly, warm and supportive. The atmosphere was relaxed, pleasant and friendly. 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.

Falls in the home were monitored monthly to enable the Manager to identify if any patterns were emerging which in turn could assist the Manager in taking actions to prevent further falls from occurring.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure residents were comfortably seated and enjoyed their meal. There was evidence that residents' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that residents may need a range of support with meals and were seen to helpfully encourage and assist residents as required.

There was a choice of meals offered, the food was attractively presented and wholesome. Staff knew which residents preferred a smaller portion and demonstrated their knowledge of individual resident's likes and dislikes. There was a variety of drinks available. Residents confirmed that they very much enjoyed the food provided in the home.

Staff described how they were made aware of residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

There was evidence that resident's weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the resident's needs. Daily progress records were kept of how each resident spent their day and the care and support provided by staff.

Care records were maintained safely and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout with a good standard of décor. Residents' bedrooms were comfortable and nicely personalised. Communal areas were suitably decorated and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

The home's most recent fire safety risk assessment was completed on 5 April 2023. There was corresponding evidence recorded of the actions taken in response to the recommendations made from this assessment. The Manager also confirmed that two of these recommendations were being reviewed each month until the proposed work has been completed.

Fire safety training, safety drills and checks in the environment were maintained on an up-to-date basis.

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. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

General observations of care practices confirmed that residents were able to choose how they spent their day. For example, patients could have a lie in or relax in the communal lounge.

The genre of music and television played which in keeping with residents' age group and tastes.

Residents were engaged in their own activities such as; watching TV, resting or chatting to staff. Additional to this, the manager explained how some residents attend aligned day care placements and work placement. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. An area of improvement as made for RQIA to be notified of incidents necessitating emergency assistance, such as ambulance service.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. These included audits of restrictive practices, infection prevention and control and audits of care records.

The home was visited each month by a representative on the behalf of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports 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

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Lynette McHugh, Manager, 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 30 (1) (c) Stated: First time To be completed by: 19 July 2023	<p>The registered person must ensure RQIA are notified of any serious incidents where emergency assistance, such as an ambulance is needed.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: An RQIA incident report will be completed if for any reason emergency services is required.</p>

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



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