



# Unannounced Care Inspection Report

## 27 June 2019



## Creamery House

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

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 11 residents with a learning disability.

### 3.0 Service details

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

### 4.0 Inspection summary

This unannounced inspection took place on 27 June 2019 from 09.30 to 13.00 hours.

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

Evidence of good practice was found in relation to staff training, supervision, appraisals and staff knowledge and understanding of residents' needs and prescribed care interventions. Good practices were also found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintenance of good working relationships.

No areas requiring improvement were identified during this inspection.

Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lynette McHugh, Registered Manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent inspection dated 1 August 2018

No further actions were required to be taken following the most recent care inspection on 1 August 2018.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from questionnaires were returned in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- sample of reports of visits by the registered provider/monthly monitoring reports
- records of residents and staff meetings
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of outstanding areas for improvement from previous inspection(s)

There were no areas of improvement generated from the last care inspection on 1 August 2018 and also the medicines management inspection on 30 July 2018. The two areas of improvement from the finance inspection on 23 May 2017 were validated as compliant at this inspection.

### 6.2 Inspection findings

#### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection general observations of care practices and the atmosphere in the home found that staff were responsive to residents' needs in a kind, caring manner.

#### Staffing

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met.

An inspection of the duty rota confirmed it accurately reflected staff on duty.

#### Supervision, appraisal and support

Discussion with staff gave assurance that staff were effectively supported by the registered manager through day to day availability, supervision and annual appraisal. A matrix is in place detailing the dates of supervision and appraisal received and planned for, as inspected.

A system was in place to monitor and review the registration status of care with the Northern Ireland Social Care Council (NISCC). This involved a checking of the registration status of staff on a monthly basis.

#### Staff recruitment

Staff recruitment is led and managed by the human resource department of the Western Health and Social care Trust with the support of the registered manager. The registered manager receives a checklist from the human resource department confirming that each member of staff was recruited in line with regulations.

## Staff training

An inspection of staff training records confirmed that staff receive regular mandatory training and additional training pertaining to the needs of residents. Training is provided to staff by means of face to face instruction or by ELearning platforms.

All staff are in receipt of up-to-date training in safeguarding training. Feedback from staff confirmed good understanding of how to recognise and respond to potential safeguarding incidents.

## The environment

The home was clean and tidy throughout with no mal-odours. The décor was generally being well maintained and it was advised that requests had been made to line management for approval for a programme of redecoration to be put in place. There were nice furnishings throughout which added to the homely ambience. The lounge was comfortable, homely and nicely decorated. Residents' bedrooms were individualised with personal memorabilia and décor. The dining room and kitchen were clean, tidy and well organised. The bathrooms and showers were clean and were suitably facilitated with infection prevention aids. The laundry room was tidy and well organised. The grounds of the home were tidy and well maintained.

There were no obvious risks observed in the environment.

## Fire safety

The home's last fire safety risk assessment was dated April 2019. There were three recommendations made as a result of this assessment. There was corresponding evidence in place to confirm that these recommendations had been addressed.

Inspection of fire safety records confirmed staff had received up-to-date training in fire safety and fire safety drills. Fire safety checks were also maintained on a regular and up-to-date basis.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, supervision and appraisals.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication between staff members and management for the benefit of resident care.

There is a handover meeting at the beginning of each shift so that the ongoing needs of residents can be reviewed and duties planned.

### Care records

An inspection of a sample of two residents' care records confirmed that there was good multi-disciplinary working with other health care professionals, such as GPs, named workers, dieticians and dentists. Care records were informative, detailed and up-to-date. The records gave good account of residents' well-being and prescribed interventions and effects of same. Residents and/or their representatives were encouraged to be involved in all stages of this process.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Effectiveness of care

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff described how their knowledge of residents' needs facilitated residents with their choices and preferences with social activities.

Staff advised that they were able to recognise and respond to pressure area damage observed on residents' skin, such as immediate referral to district nursing services. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

A system was in place to monitor the dates of residents' most recent care reviews with their aligned named worker.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and understanding of residents' needs and prescribed care interventions.

### Areas for improvement

No areas for improvement were identified in relation to this domain during this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## **6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Throughout this inspection staff interactions were found to be polite, friendly, warm and supportive. There was a nice atmosphere and ambience in place for residents to feel relaxed and comfortable and fulfilled.

### **Residents' views**

All residents in the home at the time of this inspection were found to be comfortable, content and well cared for. They exhibited a good rapport with staff team. Conversations with residents identified no concerns and it was felt that residents would be able to articulate such if this were to arise.

### **Care practices**

The atmosphere in the home was relaxed and homely. There was a nice friendly ambience and residents were engaged in nice sociability with one another.

An alarm was in situ on the exit doors which identifies if any residents identified at risk leaves the home. This was appropriately documented in each resident's care records. No other obvious restrictive type care practices were observed and residents were observed to facilitate use of the home and its grounds, as deemed safe to be.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were also observed to be attentive to residents' needs to an organised, unhurried manner. Residents were dressed in nice attire with attention to personal care. For example, male residents were, as per choice, well shaved. Aids such as glasses and walking aids were clean and suitably maintained.

Staff were observed to knock on residents' bedroom doors seeking permission to enter.

The dining room was nicely facilitated and there was a nice ambience in place for residents to enjoy their lunchtime meal. Observations of care practices confirmed that a choice was available. For example, a staff member was observed to interact with a resident through pictorial cards to ascertain what way he would like his lunchtime meal. This is to be commended. The flexibility of times and location of meals were facilitated. It was observed that residents could readily avail of tea or coffee at any times they wished and staff readily promoted such choice.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to feedback from residents and general observations of care practices.



## Areas for improvement

No areas for improvement were identified in relation to this domain during this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The home is managed and run by the Western Health and Social Care Trust.

### Management arrangements

Discussions with staff confirmed that they felt there were good working relationships in the home that staff worked well as a team and the morale was good. Staff also advised that management were supportive to any suggestions raised and were readily available for support and guidance.

A monthly monitoring visit is undertaken on the behalf of the responsible individual. An inspection of the last three months' reports found these to be recorded in informative detail with good evidence of governance.

### Quality assurance

The registered manager also talked about issues of quality assurance and improvements that were being developed and how this agenda was producing current success in the home in terms of the quality of care and the cohesiveness and competency of staff.

Systems of audit are in place. These included audits pertaining to the accidents and incidents, care records and satisfaction surveys.

### Complaints

The complaints procedure was displayed in the home and this provided advice on how to complain, the timescales of responses and to whom to report if unhappy with the response. Inspection of the record of complaints found that such expressions were taken seriously and managed appropriately. The records included the detail of the complaint, the outcome of the investigation, the actions taken and confirmation whether the complainant was satisfied with the response, or not.

### Accidents and incidents

An inspection of the accident/incident reports from April 2019 was undertaken. This evidenced that these events were appropriately managed and reported to the RQIA and the aligned named worker in the Trust.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified in relation to this domain during this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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

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

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

Assurance, Challenge and Improvement in Health and Social Care