

Inspection Report

Name of Service: Creamery House

Provider: Western Health and Social Care Trust (WHSCCT)

Date of Inspection: 29 July 2026

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:	Mrs Karen Hargan
Registered Manager:	Ms Lynette McHugh
Service Profile This home is a registered residential care home which provides health and social care for up to 10 residents who are living with a learning disability. Residents are accommodated in single rooms over two floors. Residents have access to communal and dining area as well as a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2026 from 11.10am to 4.15pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents reported that they were happy with the care provided to them in Creamery House and that the staff were kind to them. Residents also praised the meal provision. Residents said that living in the home was a good experience.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents. Staff commented that the manager was very supportive and always available for guidance.

As a result of this inspection there were no new areas for improvement identified. Full details can be found in the main body of this report.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from residents', relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about living in Creamery House. Comments made by residents included: "All is good; I am happy enough, "I like to go out on the bus," and "I like it here." Residents were offered choices throughout the day and were supported to make their own decisions.

Some residents may have difficulty telling us about their experiences. Residents who had communication difficulties were observed to be at ease in their environment and in their interactions with staff. Staff were able to understand what was being expressed.

Staff reported that person centred care was provided in this home. Staff described positive team work and morale. Staff were found to be knowledgeable of the needs and preferences of the residents.

Eight questionnaires were returned to RQIA following the inspection. All of the respondents indicated that they were satisfied with the care provided and included comments such as; "feel safe," "help me do everything" and "good, I like living here."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role. Discussion with staff confirmed that they felt staffing levels were appropriate to support the delivery of safe and effective care.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were able to understand residents' wishes despite any communication difficulties.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

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

Observation of the lunchtime meal served in the dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. All staff were found to be knowledgeable in relation to the needs of any residents who required a modified diet. Residents commented that the food provision in the home was good.

Activities for residents were provided which included both group and one to one activities. A number of residents were out at day care. For those residents in the home; some were out on a bus outing while others were engaged in individual activities with staff. When the residents returned to the home, they were welcomed back by the staff in a caring and compassionate manner. Staff were found to be knowledgeable of the individual interests of each resident.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and comfortable. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Corridors were found to be clear and unobstructed and fire doors were fully closing. The fire safety risk assessment was completed on 14 April 2026. Any recommendations made as a result of this assessment were in the process of being actioned.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Lynette McHugh is the registered manager of this home.

The home manager was well regarded by staff and residents who described the manager as approachable, supportive and committed to providing high quality care.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment.

4.0 Quality Improvement Plan/Areas for Improvement

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.



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