



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Marriott House (1698)
Date of Inspection: 1 July 2014
Inspector's Name: John McAuley
Inspection ID: IN017556

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of Service:	Marriott House (1698)
Address:	30 Castledawson Road Magherafelt BT45 6PA
Telephone number:	02879301100
E mail address:	andrew.johnston@clanmil.org.uk
Registered Organisation/ Registered Provider:	Clanmil Housing Association
Registered Manager:	Mr Andrew Gregg Johnston
Person in charge of the home at the time of inspection:	Mrs Jeanette Mulholland
Categories of care:	RC-I
Number of registered places:	13
Number of residents accommodated on Day of Inspection:	13
Scale of charges (per week):	£461
Date and type of previous inspection:	Primary announced inspection 26 November 2013
Date and time of inspection:	1 July 2014 9.45am – 1-45pm
Name of Inspector:	Mr John McAuley

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 an unannounced secondary 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 unannounced inspection was to ensure that the service is 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

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

- Discussion with the senior care assistant in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard: Standard 9 – Health and social care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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.

6.0 Profile of service

Marriot House Residential Care home is situated on the Castledawson Road on the perimeter of the town of Magherafelt.

The residential home is owned and operated by Clanmil Housing Association. The registered manager is Mr Andrew Johnston.

Accommodation for residents is provided for 13 residents in single ensuite room accommodation. Access to the first floor is via a passenger lift and stairs.

Communal lounges and a dining area are provided for.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. A secure patio courtyard garden is located to the rear of the home with easy access via the communal lounge, the dining room and corridor.

The home is registered to provide care for a maximum of 13 persons under the following categories of care:

Residential Care –

- I – Old age not falling into any category
- A – Past or present alcohol dependence (I named)

7.0 Summary of inspection

This secondary unannounced care inspection of Marriot House was undertaken by John McAuley on 1 July 2014 between the hours of 9:45am and 1:45pm. The Senior Care Assistant in charge Mrs Jeanette Mulholland was available during the inspection and for verbal feedback at the conclusion of the inspection.

The two requirements and one recommendation made as a result of the previous inspection were also examined. There was evidence that the home has addressed areas as required within the timescales specified. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on Standard 9 of the DHSSPS Residential Care Homes Minimum standards on Health and social care. There were processes in place to ensure the effective management of the standard inspected. Staff were found to be knowledgeable and understanding of residents' needs. Identified issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional(s). A recommendation has been made to establish an accessible system of monitoring when care review meetings take place and are routinely due. This standard has been overall assessed as compliant.

During the inspection the inspector met with residents and staff and 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, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents 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.

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

Comments received from residents and staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, and fresh smelling throughout. Décor and furnishings were found to be a good standard. Two issues of improvement were identified with paintwork in one resident's room and a health and safety risk associated with a corridor light not working properly. Further details of this are discussed later in this room.

A number of additional areas were also examined these included a review of the records of complaints and the record of accidents / incidents. A requirement was made in respect of notification of incidents, particularly in respect of challenging behaviours. Further details can be found in section 10.0 of the main body of the report.

Three requirements and one recommendation were made as a result of the secondary unannounced inspection, details 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, and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 26 November 2013

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	20 (1) (a)	<p>The registered person shall, having regard to size of the residential care home, the statement of purpose and number and needs of residents –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers are appropriate for the health and welfare of residents.</p> <p>Reference to this is in respect of care staffing hours being diluted to perform mixed duties. This must be reviewed so that care staffing hours are not diluted in this regard.</p>	<p>A review of staffing levels has taken place. Discussions with staff on duty confirmed that there has been a positive impact on same. Observations of care practices at the time of this inspection found these to be organised at an unhurried pace with residents' needs being duly met.</p> <p>Recruitment is underway to employ a part time cook, which current deficit in hours is being covered by staff, on a minimal basis, with staff raising no concerns about such. When this cook is employed this will in turn resolve the dilution of care staffing hours.</p>	Substantially compliant
2.	30 (1) (e)	<p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of –</p> <p>(e) Any theft or burglary in the home.</p> <p>Reference to this is made in respect of the missing item of resident's property which must be notified, detailing subsequent actions taken in response to same.</p>	<p>A review of the home's incident reports confirmed that there have been no further occurrences of such and that this previous incident was duly reported to RQIA.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	16.3	<p>Staff have completed training on and can demonstrate knowledge of ;</p> <ul style="list-style-type: none"> • Protection from abuse • Indicators of abuse • Responding to suspected, alleged or actual abuse • Reporting suspected alleged or actual abuse. <p>Reference to this is made in that staff training in this area needs to be reviewed so to ensure knowledge gained is effective.</p>	<p>Refresher training in the protection of vulnerable adults has taken place. As well as this the protection of vulnerable adults has been a topic of discussion at staff meetings and staff supervision, and has been raised at a staff survey.</p>	Compliant

9.0 Standard 9 – Health and social care

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of a sample of four residents’ care records confirmed that contact details of the residents’ aligned GP and their aligned health care professionals were appropriately maintained. Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff on duty, together with a review of residents’ care records, confirmed that staff has understanding and knowledge of the general health and social care needs of residents.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately.</p> <p>Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).</p> <p>A recommendation has been made for a matrix of the dates of all residents' care reviews to be established and maintained. This will ease accessibility of such information and help the home to organise such reviews when same are due. This recommendation was made in respect of a particular care review where on the date on the most recent could not be accessibly established and there were clear indications in the resident's assessed needs that a care review was needed.</p>	<p align="center">Substantially compliant</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident's representative is appropriately recorded, including feedback from such appointments.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The home maintains a matrix of dates of residents' health care screening and appointments with aligned health care professionals.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>General observations at the time of this inspection, found that residents' aid, appliance and personal equipment were maintained appropriately to provide maximum benefit for the resident.</p>	<p align="center">Compliant</p>

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with seven residents individually and with seven others in a group setting. 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.

Comments received included statements such as:

- "They are all good to me"
- "I am very happy, I am glad I came here"
- "This is a very peaceful place"
- "Everything is 100%"
- "Everyone is very kind"
- "We are all like one big family"

No concerns were expressed or indicated.

10.2 Relatives/representative consultation

The inspector did not meet any visiting relatives at the time of this inspection.

10.3 Staff consultation

The inspector spoke with four members of staff of various grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties and that they had seen a positive change in the home with the review of staffing levels that was put in place. Staff described the staff morale and teamwork in the home as good and they had no concerns in respect of the provision of care.

Staff demonstrated awareness and knowledge of the needs of residents and categories of care accommodated in the home.

No concerns were expressed.

10.4 Visiting professionals' consultation

There were no visiting professionals in the home at the time of this inspection.

10.5 General environment

The home presented as clean, tidy and fresh smelling throughout.

The décor and furnishings were of a good standard throughout other than bedroom 7 which was in need of redecoration, as the paintwork was heavily stained.

Residents' rooms were found to be comfortable and nicely appointed.

An upstairs corridor light was broken and flickering excessively. This issue had been reported for repair but had still not been down after two weeks. In lieu of the risk associated with such,

in terms of falls and epilepsy, a requirement has been made for this issue to be reviewed with an action plan put in place to decrease /minimise such risks.
The enclosed courtyard garden to the home was nicely appointed and accessible for residents to avail of.

10.6 Complaints

A review of the home's record of complaints found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

10.7 Accident / incident reports

A review of these reports was undertaken from 26 November 2013. In large these were found to be maintained satisfactorily. However there were a number of incidents of challenging behaviour from one resident which had not been notified to RQIA and needed to have been. A requirement has been made in relation to this, as well as advice given in respect of same.

10.8 Care practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff were observed to be diligent in attending to residents' needs, in a supportive manner. Care duties and tasks were found to be carried out in an organised, unhurried manner.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Residents were found to be comfortable, content and at ease in their environment and interactions with staff.

A number of residents spoke positively about a recent organised trip to the Folk Park in Omagh.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Senior Care Assistant Mrs Jeanette Mulholland, 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:

John McAuley
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

Secondary Unannounced Care Inspection

Marriot House

1 July 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 the (Senior Care Assistant in charge Mrs Jeanette Mulholland) either during or after 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.


Statutory Requirements					
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					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(d) All parts of the home are kept clean and reasonably decorated.</p> <p>Reference to this is made in respect of bedroom 7, whose paintwork was stained and in need of redecorating.</p>	One	<p>Works order raised to repaint room 7</p> <p>Staff have discussed décor with resident and next of kin and new bed and soft furnishing purchased to maximise comfort</p>	1 October 2014
2.	27 (2) (t)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) A risk assessment to manage the health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in respect of the delay in repairing the corridor light, and the subsequent risk incurred due to poor lighting and excessive flickering.</p> <p>An action plan must be put in place to decrease this level of risk.</p>	One	<p>Light was repaired in evening of day of inspection 1/7/14 and staff reminded of timescales and importance of chasing repairs</p> <p>Health and Safety risk assessments completed as necessary and at least monthly</p> <p>Risk assessment in place with action plan to decrease the level of risk</p> <p>Flickering light will be discussed as reflective practice at next staff meeting 10th Sept 14</p>	1 August 2014

3.	30 (1) (d)	<p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of –</p> <p>(d) Any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Reference to this is made that any incidents of challenging behaviour must be notified to the RQIA.</p>	One	<p>All incidents of challenging behaviour, however slight will be forwarded to rqia There have been no incidents of challenging behaviour since date of inspection.</p>	2 July 2014
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Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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.	11.5	<p>The home keeps records of review meetings that identify outcomes of the review, actions required and those responsible for these actions.</p> <p>Reference to this is made, in that a matrix of all residents care review dates should be established and plan put in place when these are routinely due for review or when assessed needs have increased significantly.</p>	One	A matrix of all care review dates is in place and held in Senior office to ensure quick reference and timely reminder of due dates	1 August 2014

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	Andrew Johnston
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.		26/8/14
Further information requested from provider			

