

Unannounced Care Inspection Report 20 August 2020



Marriott House

Type of Service: Residential Care Home (RCH)
Address: 30 Castledawson Road, Magherafelt, BT45 6EF
Tel No: 02879301100
Inspector: John McAuley

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 residential care home registered to provide care for up to 13 residents.

3.0 Service details

<p>Organisation/Registered Provider: Clanmil Housing Association</p> <p>Responsible Individual(s): Clare Imogen McCarty</p>	<p>Registered Manager and date registered: Zoe O’Kane Registration pending</p>
<p>Person in charge at the time of inspection: Jeanette Mulholland senior care assistant</p>	<p>Number of registered places: 13</p> <p>Not more than 13 persons in category I including one named person in category A. A maximum of 5 persons in RC-DE category of care</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. A – Past or present alcohol dependence.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 11</p>

4.0 Inspection summary

An unannounced inspection took place on 20 August 2020 from 09.20 hours to 13.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

This inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- governance and management

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
Total number of areas for improvement	0	1

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed with Jeanette Mulholland, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 11 residents and six staff.

'Have we missed you cards' were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received from these in time for inclusion to this report.

The following records were examined during the inspection:

- duty rota
- fire safety records
- quality assurance audits
- residents' care records
- accident and incident reports.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 10 December 2019.

Areas for improvement from the last care inspection		
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 shall submit an action plan with timescales to the aligned estates inspector detailing how the eight recommendations from the fire safety risk assessment, dated 17 June 2019, will be addressed.	Met
	Action taken as confirmed during the inspection: This action plan was submitted to the aligned estates inspector and approved.	
Area for improvement Ref: Regulation 27 (4) (f) Stated: First time	The registered person shall ensure that all staff are in receipt of up-to-date training in fire safety drills.	Met
	Action taken as confirmed during the inspection: An inspection of fire safety records confirmed that staff were in receipt of up-to-date training in fire safety drills.	

6.2 Inspection findings

6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The senior care assistant confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in the absence of the manager. There has been no turnover of senior care assistant staff in the home since the previous inspection.

Staff on duty confirmed that they were satisfied with the staffing levels. Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Effective team working was found evident from how staff interacted and supported with one another. Staff also stated that they felt residents received a good standard of care, were treated with respect and dignity.

Residents stated that they felt safe and that there was always staff available if they required assistance.

6.2.2 Safeguarding patients from harm

The senior care assistant in charge demonstrated a good understanding of the safeguarding process and how a safeguarding referral(s) would be made to the aligned health and social care trust and who would be contacted.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy with a good state of décor and furnishings being maintained. Residents' bedrooms were comfortable, tastefully furnished and nicely personalised. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

6.2.4 Fire safety

An inspection of fire safety records confirmed that fire safety training and fire safety drills were maintained on an up-to-date basis for all staff. Fire safety checks were also being maintained on a regular and up-to-date basis.

An area of improvement was identified with the storage of a settee and chairs in the designated smoking room, which needs to be reviewed with subsequent action. This risk was deemed to be minimal at the time of this inspection due to the observational levels in place for the two residents who smoke but nevertheless needs to be addressed.

6.2.5 Infection prevention and control

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment; staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Discussions with some residents in relation to the enhanced IPC measures, confirmed that they understood and accepted the need for these, despite two residents expressing that they wished staff didn't need to.

6.2.5 Care practices

Staff interactions with residents were polite, friendly, warm and supportive. This was evident with all grades of staff. Residents were at ease in their environment and interactions with staff.

Staff were attentive to residents' needs and any expression of assistance were promptly responded to by staff.

Residents were cared for in either one of the two communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of residents, when appropriate. General observations of the breakfast routines found that residents were assisted in an organised, unhurried manner with individual needs clearly catered for.

Feedback from residents was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "I can't say a thing wrong with this place. They are all very good to me. The food is very good too."
- "It's very good here."
- "It's fun here. They are all very good."
- "It's a good home. There are no problems here. The food is very good too."

6.2.6 Care records

An inspection of two residents' care records was undertaken. Care records were well written and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

There was evidence that the care planning process included input from residents and/or their representatives, as appropriate. Discussions with staff and residents, and observations made provided assurances that care is provided in an individualised manner.

6.2.8 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose. The manager was not on duty in the home at the time of this inspection but staff informed that she was readily available for assistance and support, if needed.

An inspection of accident and incident reports from January 2020 was undertaken. These events were found to be managed and reported appropriately.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene and IPC. These were completed regularly and any areas for improvement were identified and addressed.

Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, feedback from residents and staff and the pleasant atmosphere and ambience of the home.

Areas for improvement

One area of improvement was identified during this inspection. This was in relation to storage of furnishings in a designated smoking room.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff demonstrated a good understanding of infection, prevention and control measures in place. Feedback from residents evidenced that they were very satisfied with the standard of care being provided. The one area of improvement made during this inspection received good assurances from the senior care assistant in charge that this would be duly acted on.

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Jeanette Mulholland, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2020</p>	<p>The registered person shall review the storage of furnishings in a designated smoking room with subsequent appropriate action.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: The items raised have been removed from the smoking room to another room within the home. An order has been raised to have them removed when it is safe to do so within Covid-19 restrictions.</p>

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



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

Web www.rqia.org.uk

Twitter @RQIANews