

Inspection Report

7 July 2022



Marriott House

Type of service: Residential Care Home
Address: 30 Castledawson Road, Magherafelt, BT45 6EF
Telephone number: 028 7930 1100

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: Clanmil Housing Association Responsible Individual: Ms Clare Imogen McCarty	Registered Manager: Ms Sharon McDonnell, registration pending
Person in charge at the time of inspection: Ms Amanda Riches, Senior Carer	Number of registered places: 13 This number includes: <ul style="list-style-type: none"> not more than 13 persons in category I including one named person in category A a maximum of five persons in RC-DE category of care
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia A – past or present alcohol dependence	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: Marriott House is a residential care home with 13 beds that provides care for residents with a range of needs.	

2.0 Inspection summary

An unannounced inspection took place on 7 July 2022, from 10.30am to 1.00pm. This was completed by a pharmacist inspector.

The inspection focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that six of the seven areas for improvement identified at the last inspection would be followed up at the next care inspection.

The outcome of this inspection concluded that satisfactory systems were in place for most aspects of medicines management. One new area for improvement has been identified regarding the monitoring and recording of temperatures of the medicine refrigerator as detailed in the report and QIP.

Whilst an area for improvement was identified, RQIA can conclude that overall the residents were being administered their medicines as prescribed.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home 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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff and residents views were also obtained.

4.0 What people told us about the service

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

The inspector met with senior care staff. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and (easy read for LD) paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. The feedback gained from one questionnaire returned was that they were satisfied with care provided in the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last care inspection on 28 April 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)(b) Stated: First time	The registered person shall review the storage of furnishings and any combustible time items in the designated smoking room with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: Observation of the designated smoking room confirmed that no furnishings or combustible items were stored there.	
Area for Improvement 2 Ref: Regulation 14(4) Stated: First time	The registered person shall ensure all staff working in the home are in receipt of adult safeguarding training.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 20(1)(a) Stated: First time	The registered person must ensure there is adequate and sufficient domestic and catering staff in place to meet the responsibilities of these roles.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Regulation 27(2)(t) Stated: First time	The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Regulation 19(1) Schedule 4 Stated: First time	The registered person shall ensure a system is put in place to ensure regulatory documentation is readily available for inspection.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 23.4 Stated: First time	The registered person shall put in place a matrix of all mandatory training received by staff, so as to give clear managerial oversight that these areas of training are met on an up-to-date basis.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard E13 Stated: First time	The registered person shall repair / make good the flooring in the identified bedroom.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Care plans were in place when residents required insulin to manage their diabetes however, there was not sufficient detail in the care plan to direct staff if the resident's blood sugar was too low. This was discussed with the senior carer in charge who confirmed that it would be updated immediately.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

In order to ensure their effectiveness medicines which require cold storage must be stored between 2 °C - 8 °C. The refrigerator temperature should be accurately monitored each day and corrective action must be taken if temperatures outside this range are observed. The refrigerator used to store insulin also contained food and drinks. It was unlocked and located in an office. Only trained staff who are responsible for medicines management should have access to medicines. Temperatures of the refrigerator were monitored and recorded daily however they were regularly above 8 °C and no detail of any action taken by staff was documented. The monthly management audit stated that they were awaiting a new fridge. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. The records were filed once completed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on most medicines so that they could be easily audited.

One in use insulin pen device had no date of opening and was not individually labelled with the residents details. This was highlighted to the senior carer in charge who confirmed it would be actioned immediately.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

6.0 Quality Improvement Plan/Areas for Improvement

One new area for 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	5*	2*

* The total number of areas for improvement includes six which are carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan was discussed with Ms Amanda Riches, Senior Carer 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14(4) Stated: First time To be completed by: 28 May 2022	The registered person shall ensure all staff working in the home are in receipt of adult safeguarding training.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 20(1)(a) Stated: First time To be completed by: 5 May 2022	The registered person must ensure there is adequate and sufficient domestic and catering staff in place to meet the responsibilities of these roles.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 27 (2)(t) Stated: First time To be completed by: 5 May 2022	The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Regulation 19(1) Schedule 4 Stated: First time To be completed by: 28 May 2022	The registered person shall ensure a system is put in place to ensure regulatory documentation is readily available for inspection.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (7 July 2022)</p>	<p>The registered person shall ensure the refrigerator is only accessible by trained staff who are responsible for medicines management and that the temperature is maintained between 2°C and 8°C. Corrective action must be taken if temperatures outside this range are observed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Fridge now has a lock and is only accessible to senior staff. Staff have been advised to monitor temperatures closely and report if temperatures are below 2 or above 8 degrees. Staff advised that only prescribed medications be stored in the fridge.</p>
<p>Action required to ensure compliance with Residential Care Homes Minimum Standards 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2022</p>	<p>The registered person shall put in place a matrix of all mandatory training received by staff, so as to give clear managerial oversight that these areas of training are met on an up-to-date basis.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard E13</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2022</p>	<p>The registered person shall repair / make good the flooring in the identified bedroom.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

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