

Announced Premises Inspection Report 28 June 2016



Marriott House

Type of Service: Residential

**Address: 30 Castledawson Road,
Magherafelt, BT45 6PA**

Tel No: 028 7930 1100

Inspector: C Muldoon

www.rgia.org.uk

1.0 Summary

An announced premises inspection of Marriott House took place on Tuesday 28 June 2016 from 10:55 to 13:10hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Andrew Johnston (Registered Manager) and Mr Dermot Curley (Clanmil Maintenance Officer), as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered provider: Clanmill Housing Association	Registered manager: Andrew Johnston
Person in charge of the home at the time of inspection: Andrew Johnston	Date manager registered: 01 April 2005
Categories of care: RC-DE, RC-A, RC-I	Number of registered places: 13

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mr Andrew Johnston (Registered Manager) and Mr Dermot Curley (Clanmil Maintenance Officer).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

The most recent inspection of the home was an unannounced care inspection on 02 June 2016. When it is returned the completed QIP will be assessed by the specialist inspector.

4.2 Review of requirements and recommendations from the last premises inspection dated 31 January 2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2)(b) Stated: Second time	The hair dressing room floor should be repaired or replaced.	Met
	Action taken as confirmed during the inspection: Addressed.	

<p>Requirement 2</p> <p>Ref: Regulation 27.(4)(a) & (b)</p> <p>Stated: Second time</p>	<p>Consideration should be given to prohibiting the practice of residents smoking in private bedrooms, and providing a suitable “smoking room” for residents wishing to smoke tobacco products. Any designated “smokers” room should comply with NIHTM84 and the Residential Care Homes Minimum Standards.</p> <p>If a designated smokers room facility cannot be provided then management should complete a personal and specific fire safety risk assessment for each “smoker” resident, to consider and evaluate if the resident has the capacity to smoke cigarettes in their bedroom. A multi-disciplinary team consisting of the home manager, the resident`s placing Trust care manager, the resident`s representatives, the resident`s General Practitioner plus any other relevant professional involved should contribute to the risk assessment process.</p> <p>If the multidisciplinary risk assessment establishes that the residents are capable of smoking in their bedrooms subject to the implementation of safeguards/protocols, then the bedrooms must be assigned as designated smoking areas. Management must ensure that appropriate signage, metal bins, ventilation, fire retardant surfaces/ textiles and staff supervision are installed and available.</p> <p>Periodic reviews of the risk assessments must be implemented at regular intervals or when it is considered that the fire safety risk has altered. A copy of each risk assessment should be forwarded to RQIA for information.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A dedicated smoking room has been created. This included the installation of a smoke extract fan and a vision panel in the door.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 27.(4)(d)(i) & (ii)</p> <p>Stated: First time</p>	<p>Install a smoke detection sensor in vegetable preparation room adjacent kitchen.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A fire detector has been installed.</p>		

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

A fire risk assessment was carried out in November 2015 by the Clanmil business improvement manager. The overall risk was considered to be trivial. The assessment confirms that all previous recommendations have been satisfactorily addressed and there is nothing noted in the current assessment action plan. The assessment did not reference the standard used by the assessor to determine the overall level of fire safety within the premises and it could not be confirmed if the assessor holds professional body registration for fire risk assessors as recommended by RQIA.

A number of issues were identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. There are arrangements for the portable electrical appliances to be tested and inspected annually, the last occasion being June 2016. On review of the documentation and discussion with the manager and maintenance officer it was confirmed that the items inspected were those in communal areas only.
Refer to recommendation 1 in Quality Improvement Plan.
2. The inspector was provided with service sheets relating to the maintenance of the emergency lighting. These refer to quarterly visits by the contractor and indicate that on these occasions a function test is carried out. It could not be confirmed if the contractor also carries out annual duration maintenance of the installation.
Refer to recommendation 2 in Quality Improvement Plan.
3. The fire risk assessment did not confirm the standards and criteria referenced by the assessor or the accreditation status of the assessor.
Refer to recommendation 3 in Quality Improvement Plan.
4. The thermostatic mixing valves were serviced on 14 June 2016. The service documentation shows that the failsafe arrangement on a number of outlets was not working.
Refer to recommendation 4 in Quality Improvement Plan.
5. Although there was no certification presented on the day of inspection the Maintenance Officer confirmed that the gas catering installation has been subject to Gas Safe inspection and that a further Gas Safe inspection has been arranged for 01 July 2016.
Refer to recommendation 5 in Quality Improvement Plan.

- 6. There was a legionella risk assessment dated February 2015. The assessment recommended that a review be carried out in one year. On the day of inspection the action plan arising from the 2015 risk assessment was not marked up and the status of the issues could not be confirmed. On 29 June the Maintenance Officer emailed RQIA with confirmation of disinfection and remedial works carried out to the water system. Refer to recommendation 6 in Quality Improvement Plan.
- 7. There is a procedure in place to periodically check the safe temperature of water from outlets accessible to residents. The records indicate that the same sample outlets are checked on each occasion. Refer to recommendation 7 in Quality Improvement Plan.
- 8. A new smoking room has been created. The inspector recommended that a fire blanket be sited in close proximity to the room and that staff are trained in its use. During the walk round the door from the kitchen into the corridor was found to need adjustment to close tight to the stops. Refer to recommendation 8 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	8
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and the private accommodation where appropriate. This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the Registered Responsible Person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Andrew Johnston (Registered Manager) and Mr Dermot Curley (Clanmil Maintenance Officer) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk and assessed by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>The arrangements for examining portable electrical appliances should be reviewed and an appropriate scheme implemented which will ensure that all appliances accessible to residents are maintained in a safe condition.</p> <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>It should be confirmed that the emergency lighting system is receiving annual maintenance which includes duration testing. It is recommended that the frequency of the function test is increased to monthly in line with good practice. Reference should be made to BS5266.</p> <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>It should be confirmed that the fire risk assessment takes account of relevant Department of Health Firecode documents and in particular NIHTM84.</p> <p>RQIA recommend that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Response by registered provider detailing the actions taken:</p>

<p>Recommendation 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>The contractor's service report indicating that the failsafe on a number of thermostatically controlled water outlets is not working should be followed up and the necessary action taken within an appropriate timescale.</p>
<p>Recommendation 5</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>It should be ensured that the Gas Safe inspection of the catering installation is carried out as planned and that any issues identified are addressed within appropriate timescales.</p>
<p>Recommendation 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>The legionella risk assessment should be reviewed as recommended by the legionella risk assessor. Whilst it has been confirmed that some issues in the risk assessment action plan have been addressed the plan should be reviewed and marked up to ensure that all issues have been satisfactorily addressed.</p>
<p>Recommendation 7</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>The arrangements for checking safe hot water temperatures should be reviewed to ensure that all outlets accessible to residents are included in regular checks.</p>
<p>Recommendation 8</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>It is recommended that a fire blanket be sited in close proximity to the smoking room and that staff are trained in its use. The door from the kitchen into the corridor should be adjusted so that it automatically closes tight to the stops.</p>
	<p>Response by registered provider detailing the actions taken:</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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