

# Inspection Report

2 March 2023



## Marriott House

Type of service: Residential

Address: 30 Castledawson Road, Magherafelt, BT45 6EF

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Clanmil Housing Association	<b>Registered Manager:</b> Ms Sharon McDonnell
<b>Responsible Individual:</b> Ms Clare Imogen McCarty	<b>Date registered:</b> 10 October 2022
<b>Person in charge at the time of inspection:</b> Mrs Jeanette Mulholland, Senior Care Assistant then Ms Sharon McDonnell from 11am.	<b>Number of registered places:</b> 13  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
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 13
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 13 residents. Accommodation is over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 March 2023, from 9.40am to 2pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

Staff provided care in a compassionate manner and interactions with residents were kind, caring and supportive.

Two areas requiring improvement were identified during this inspection. These were in relation to staff training in dysphagia and inappropriate storage in a bathroom.

Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Marriott House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they 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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Sharon McDonnell at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents said that they were very happy with their life in the home, their relationship with staff and the provision of meals and provision of activities.

Staff spoke positively about their roles and duties, the provision of care, staffing levels, training and support.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 7 July 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time	The registered person shall ensure all staff working in the home are in receipt of adult safeguarding training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All staff have received training in adult safeguarding.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Domestic staff had been and is being currently recruited. Adequate catering staff had been successfully recruited.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 27 (2) (t)  <b>Stated:</b> First time	The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Free standing wardrobes were risk assessed with subsequent appropriate action.	

<b>Area for Improvement 4</b>  <b>Ref:</b> Regulation 19 (1)  <b>Stated:</b> First time	The registered person shall ensure a system is put in place to ensure regulatory documentation is readily available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A system of accessibility of regulatory documentation has been put in place.	
<b>Area for Improvement 5</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This matrix of mandatory training received by staff has been put in place.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard E13  <b>Stated:</b> First time	The registered person shall repair / make good the flooring in the identified bedroom.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This flooring has been replaced.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Review of a recruitment checklist of a recently appointed staff member confirmed that recruitment was in accordance with legislation.

There were systems in place to ensure staff were trained and supported to do their job. One member of staff described their programme of induction as very thorough and their subsequent training needs as well met.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Call assistance alarms were answered promptly.

### 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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. One resident said; "Everyone (the staff) is simply lovely. I have no complaints."

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.

It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. One resident made the following comment; "The meals are fantastic and always a choice."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily. An area of improvement was identified for staff to receive training in dysphagia.

Residents' needs were assessed 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.

Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. An area of improvement was identified with the inappropriate storage of items and equipment in a bathroom.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The Manager reported that a programme of redecoration of paintwork is being planned for.

Cleaning chemical were stored safely and securely.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The home's most recent fire safety risk assessment, dated 7 September 2022, had corresponding evidence recorded that the two recommendations from this assessment had been addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.



#### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents said that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. Minutes of the most recent residents' meeting on 19 February 2023 evidenced this.

Residents' needs were met through a range of individual and group activities. At the time of this inspection residents were engaged in pastimes of choice, such as reading, watching television and resting. Planned activities were in place for residents who wished to partake in and this aspect of care was regularly reviewed during visits to the home by the responsible individual's representative.

Two residents made the following comments about their life in the home; "I am very happy here. The staff are very good." and "This is a lovely place. I couldn't have picked anywhere better."

#### 5.2.5 Management and Governance Arrangements

Ms Sharon McDonnell has been the registered manager of the home since 10 October 2022.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

Staff had good knowledge and understanding of the home's safeguarding and whistleblowing policies, as well as who to report any concerns.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

#### 7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	0



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

The two new areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sharon McDonnell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) ( c ) ( I )  <b>Stated:</b> First time  <b>To be completed by:</b> 2 April 2023	The registered person must ensure all staff are in receipt of up-to-date training in dysphagia.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Training in Dysphagia has been sourced, training date TBC. Pending training, the relevant Dysphagia information has been downloaded from the NISCC website and discussed with staff. Printed posters in relation to Dysphagia have been put in the kitchen area and other appropriate places for staff to refer to.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (1) ( c )  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2023	The registered person must ensure the practice of inappropriate storage of items and equipment in bathrooms' ceases.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The items have been removed from the bathroom and disposed of appropriately. Staff are aware that Residents own wheel chairs are to be stored in their flatlets and no inappropriate storage to be left in the bathroom at any time.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and on-going	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.
	<b>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.</b>  Ref: 5.1

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



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