

Unannounced Care Inspection Report 2 June 2016



Marriott House

Address: 30 Castledawson Road, Magherafelt, BT45 6PA

Tel No: 028 7930 1100

Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Marriott House took place on 2 June 2016 from 10:30 to 13:45 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance, and devising and implementing a confirmation checklist from the human resource department that staff are recruited in accordance with legislation.

Is care effective?

There were no areas of improvement identified with this domain.

Is care compassionate?

There were no areas of improvement identified with this domain.

Is the service well led?

There were no areas of improvement identified with this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Andrew Johnston the Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Clanmill Housing Association	Registered manager: Andrew Johnston
Person in charge of the home at the time of inspection: Andrew Johnston	Date manager registered: 1 April 2005
Categories of care: RC-DE, RC-A, RC-I	Number of registered places: 13
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 11 plus two residents in hospital

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with 11 residents, two visiting relatives, three staff members of various grades and the registered manager.

Six resident views, six representative views and six staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents' care records
- Duty rota
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records
- Monitoring visit reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 November 2015

The most recent inspection of Marriott House was an unannounced care inspection. No requirements or recommendations were made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 November 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home. It was also confirmed that these were subject to regular review to ensure the assessed needs of the residents were met.

Discreet observations of care practices during this inspection, found these to be undertaken in an organised, unhurried manner. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty;

- Registered manager
- 1 x senior care assistant.
- 2 x care assistants
- 1 x cook
- 1 x domestic

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff. These were relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Staff recruitment is managed by the organisation's human resource department in conjunction with the registered manager. Recruitment records are held at this central office. The registered manager confirmed that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. There are no checklists or documentation held in the home to confirm from the human resource department that staff are recruited in accordance with this legislation. A recommendation was made for this checklist to be devised and implemented.

The adult safeguarding policy and procedure in place was dated 9 October 2013. This policy and procedure was in need of review. This review needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the establishment of a safeguarding champion in the home. A recommendation has been made in this regard.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. Written records of these were retained.

There were observed to be no obvious restrictive care practices in place at the time of this inspection.

Inspection of three residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, the communal lounge, dining room and bathrooms. The home was clean and tidy with a good standard of décor and furnishings being maintained.

Inspection of premises confirmed that there were wash hand basins, soap dispensers, and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control procedures.

Inspection of the internal environment identified that the home was kept tidy and safe for residents, staff and visitors.

The home's most recent fire risk assessment dated 16 November 2015 was inspected. There were no recommendations made from this. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated and any learning outcomes.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas for improvement

There were two areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance, and devising and implementing a checklist from the human resource department to confirm that staff are recruited in accordance with legislation.

Number of requirements:	0	Number of recommendations:	2
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Discussion with staff and the registered manager established that the home responded appropriately to and met the assessed needs of the residents.

A review of three residents' care records was undertaken. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident.

Discussion with staff confirmed that a person centred approach underpinned practice.

Discussions with care staff and the registered manager confirmed knowledge and understanding of residents' assessed needs.

The care records reflected multi-professional input into the residents' health and social care needs.

Observations confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

Areas for improvement

There were no areas of improvement identified with this domain.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

Discussions with the registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents in accordance with their capabilities were all positive in respect of their life in the home, their relationship with staff and the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “They look after us great here. No problems”
- “I am very happy here. I love my room”
- “The meals are lovely. There is always a choice ”
- “Everyone is very kind and helpful here”

The inspector met with two visiting relatives at the time of this inspection. Both spoke with praise and gratitude for the care provided and the kindness and support afforded by staff.

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with residents and observations confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff and residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity.

Observations and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out on a regular basis.

Areas for improvement

There were no areas for improvement identified in this domain.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Discussions with staff and the registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

Review of the complaints register established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

Arrangements were in place to share information about complaints and compliments with staff.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's statement of purpose. Discussion with the registered manager identified that he had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Inspection of the premises confirmed that the home's certificate of registration was displayed in a conspicuous location.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

There were no areas for improvement identified with this domain.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Andrew Johnston the Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@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 person/manager 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 person/manager 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 19.2</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2016</p>	<p>The registered person should devise a check list which is maintained at the home from the human resource department that confirms individual staff members are recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p>
	<p>Response by registered person detailing the actions taken: A checklist has been completed and will be held in the home for all newly appointed staff</p>
<p>Recommendation 2</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2016</p>	<p>The registered person should revise and update the adult safeguarding policy and procedure in line with current guidance. In review of this, it needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and establish of a safeguarding champion in the home.</p>
	<p>Response by registered person detailing the actions taken: Safeguarding Policy has been updated by Supported Living Manager to reflect current guidance.</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews