

Unannounced Care Inspection Report 7 December 2017



Marriott House

Type of Service: Residential Care Home
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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 13 beds that provides care for residents under categories of care as detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Clare McCarty	Registered Manager: Danielle Dawson
Person in charge at the time of inspection: Danielle Dawson	Date manager registered: 4 December 2017
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 registered places: 13

4.0 Inspection summary

An unannounced care inspection took place on 7 December 2017 from 09:45 to 13:00 hours.

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

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

Evidence of good practice was found in relation to staff induction, infection prevention and control and the home's environment. Good practice was also found in relation to communication between residents and other key stakeholders, governance arrangements and maintenance of good working relationships.

Areas requiring improvement were identified in relation to safeguarding training, window restrictors, fire safety training and drills and residents' progress records.

Feedback from residents and one visiting relative was all positive in relation the provision of care, the kindness and support received from staff, the provision of meals and the provision of activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Danielle Dawson, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP, accident and incident reports and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 11 residents, one visiting relative, four staff members of various grades, a supporting manager and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. A survey response was given staff to obtain their views. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Three residents' care files
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

One area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

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(2)(t) Stated: First time	The registered provider must individually risk assessed all wardrobes in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: A risk assessment of wardrobes had been undertaken with subsequent appropriate action.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior care assistant confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Concerns were identified with staff having to respond to calls and access to the adjacent Brennan Court facility. This has been identified as an area of improvement to review this arrangement so to ensure that the registered care home is not detrimentally impacted on. No other concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. At the time of this inspection the newly appointed registered manager was receiving induction from the former registered manager of the home.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

Staff 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; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Records of recruitment were retained at the organisation's personnel department. Discussion with a recently appointed member of staff confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and included the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. An area of improvement was identified for the registered manager to receive training in adult safeguarding – level 3. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the former registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The former registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The two residents in the home who smoked had up-to-date individualised risk assessments which staff on duty were aware of.

The registered manager confirmed there were restrictive practices employed within the home, notably key pad entry systems and pressure alarm mats. Discussion with the registered

manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior care assistant reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. The home was clean and tidy with a good standard of furnishings and décor being maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

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

One area of improvement was identified to review all window restrictors in accordance with safety guidelines. One upstairs corridor window had a restriction width that appeared in excess of current safety guidelines. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 28 December 2016. The nine recommendations were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff had not completed fire safety training and fire safety drills twice annually. This has been identified as an area of improvement under legislation. Records were 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 were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to staff induction, infection prevention and control and the home's environment.

Areas for improvement

Three areas of improvement were identified in relation to adult safeguarding training, window restrictors and fire safety training and drills.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

An inspection of three residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments such as falls, nutrition and manual handling were reviewed and updated on a regular basis or as changes occurred.

An area of improvement was identified in one resident's care record. The progress notes within this care record contained statements of personal judgments and feelings as opposed to objective statements. This needs reviewed with staff both in supervision and training.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evident from the staff knowledge and understanding of residents' individual needs and prescribed care.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The former registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives.

An inspection of residents' progress records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to the maintenance of care records and communication between residents and other key stakeholders.

Areas for improvement

One area of improvement was identified in relation to ensuring appropriate content is recorded in residents' progress records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The senior care assistant confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced in the inspection of care records. Issues such as pain or discomfort had a recorded statement of care/treatment given with effect of same.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Staff and residents confirmed that consent was sought in relation to care and treatment. Examples of this were given in relation to staff giving an explanation of a task such as attendance with personal care and seeking the resident's permission to subsequently to do so.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Interactions with residents were found to be polite, warm, friendly and supportive.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Observations of practice confirmed that residents' 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 or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, quality assurance audits and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were enjoying the company of one another, watching television or resting in their room. A programme of planned activities was displayed and there were photographs of recent events also on display. The home had a nice relaxed ambience. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with 11 residents in the home at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as:

- "I love it here. There are no problems"
- "The staff are all friendly and very kind"
- "It's a wonderful home. They really look after you well here"
- "There is a nice atmosphere here. We all get on well"

The inspector also met with one visiting relative who was keen to voice satisfaction with the care and the kindness and support received from staff.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from residents, one visiting relative and staff, and observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. The 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and leaflets displayed. Inspection of the complaints records confirmed that there were no recent expressions of complaint received.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the former 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, such as recent training in the care for diabetes. Staff spoke positively about their roles and duties, stating that they felt they were provided with good training, supervision and support to fulfil same.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The most recent two reports were inspected and found to be recorded in informative detail.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The former registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The former registered manager confirmed that staff could also access line management to raise concerns and that appropriate support would be made available.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to governance arrangements, quality improvement and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Danielle Dawson, Registered Manager, 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 care 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4) (e) and (f) Stated: First time To be completed by: 7 February 2018	The registered person shall ensure that fire safety training and fire safety drills is maintained on an up to date basis with all staff. Ref: 6.4
	Response by registered person detailing the actions taken: Fire safety training and fire drills are arranged and are checked every two months by the Registered Manager.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 16.1 Stated: First time To be completed by: 7 March 2018	The registered person shall seek to train the registered manager in adult safeguarding – Level 3. Ref: 6.4
	Response by registered person detailing the actions taken: This is in the process of being sought by HR team.
Area for improvement 2 Ref: Standard 27.10 Stated: First time To be completed by: 14 December 2017	The registered person shall review all individual window restrictors in accordance with current safety guidelines with subsequent appropriate action. Ref: 6.4
	Response by registered person detailing the actions taken: This has been reviewed and will be actioned appropriately.
Area for improvement 3 Ref: Standard 8.2 Stated: First time To be completed by: 7 January 2018	The registered person shall ensure appropriate content is recorded in residents' progress records. Ref: 6.5
	Response by registered person detailing the actions taken: This will be reviewed with staff at the upcoming staff meeting in January 2018 with the relevant staff.



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