



Unannounced Care Inspection Report 12 December 2019



Marriott House

Type of Service: Residential Care Home
Address: 30 Castledawson Road, Magherafelt BT45 6EF
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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 13 residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmill Housing Association Responsible Individuals: Clare Imogen McCarty	Registered Manager and date registered: Zoe O'Kane Application applied for.
Person in charge at the time of inspection: Jeanette Mulholland, senior care assistant then joined later by the manager	Number of registered places: 13
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence.	Total number of residents in the residential care home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 09.30 hours to 13.30 hours.

The inspection assessed progress with the one area of improvement identified in the home 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, particularly in relation to the standard on staffing.

Evidence of good practice was found in relation to observations of care practices and care delivery, care records and the upkeep in the environment.

Two areas of improvement were identified during this inspection. These were in relation to submitting an action plan in response to the recommendations made at the most recent fire safety risk assessment and ensuring all staff are in receipt of up-to-date training in fire safety drills.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as: "It's all grand here. The staff are very good," and, "They're good to everyone here. I am very happy here. It's a lovely home."

Comments received from residents and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Jeanette Mulholland, senior care assistant, 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 inspection dated 28 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, such as notifiable reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident / incident records
- reports of visits by the registered provider / monthly monitoring reports

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 28 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that any actions identified at the monthly monitoring visits are subsequently recorded as what actions were done, when and by whom.	Met
	Action taken as confirmed during the inspection: An inspection of the last two months repots confirmed this was put in place.	

6.2 Inspection findings

Throughout this inspection residents advised that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection. A daily rota of staff on duty and for the on-coming shift was displayed for residents' attention and it was clear from observations that they took interest on knowing who was on duty.

The senior care assistant advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed.

Ancillary staff were in place to support roles with catering and housekeeping.

Staff advised that there was good team working in the home, regardless of roles. Evidence of this was available from general observations of care practices and how staff interacted and supported each other for the benefit of residents.

The senior care assistant acted with competence and confidence throughout this inspection.

The manager was available to support the senior care assistant during this inspection, if this was needed. Throughout this inspection staff praised the managerial arrangements and support.

Staff induction, supervision and appraisal

Discussions with staff confirmed that any new members of staff have received an induction. Staff also advised that a programme of supervisions and appraisals was in place and maintained in a regular and up-to-date basis. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis by the manager.

Safeguarding

Discussions with the manager and staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Corridors and communal areas had been redecorated with good effect.

Residents' bedrooms were comfortable and personalised. Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

Fire safety

The home's most recent fire safety risk assessment was dated 17 June 2019. There were eight recommendations made from this assessment, which had no corresponding evidence of actions taken. This has been identified an area of improvement in accordance with regulation, to submit an action plan with timescales to the aligned estates inspector detailing how these recommendations will be addressed.

An inspection of fire safety records confirmed that fire safety training was maintained on an up-to-date basis and there were regular and up-to-date fire safety checks in the environment. Fire safety drills were not being on an up-to-date basis for all staff, which was identified as an area of improvement in accordance with regulations.

Care records

An inspection of a sample of two residents' care records was undertaken. These records organised in a methodical manner and were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example falls, safe moving and handling, and nutrition, were reviewed and updated on a regular basis or as changes occurred.

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.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Examples of this were found from observations of safe moving and handling practices, infection prevention and control practices and the overall relaxed social atmosphere in the home.

A group of residents were going out to a hotel in the afternoon of this inspection for Christmas lunch with the manager and staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. Residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included:

- "It's all grand her. The staff are very good."
- "They're good to everyone here. I am very happy here. It's a lovely home."
- "I am very happy here. The staff are lovely. The food is very good."
- "I am being care for great. I couldn't complain about a thing."
- "They are lovely here. Every one of them. I feel very safe here."

Staff views

Staff spoke positively about their roles, duties, training, teamwork and morale. Staff advised that they felt their workload was busy but manageable and the provision of care was good.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to observations of care practices and care delivery, care records and the upkeep in the environment.

Areas for improvement

Two areas of improvement were identified during this inspection. These were in relation to submitting an action plan in response to the recommendations made at the most recent fire safety risk assessment and ensuring all staff are in receipt of up-to-date training in fire safety drills.

	Regulations	Standards
Total number of areas for improvement	2	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 Jeanette Mulholland, senior care assistant, 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)(a) Stated: First time To be completed by: 13 January 2019	<p>The registered person shall submit an action plan with timescales to the aligned estates inspector detailing how the eight recommendations from the fire safety risk assessment, dated 17 June 2019, will be addressed.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All recommendations have been reviewed and have either been completed or in the process of completion and with timescale. AN Action Plan detailing how the recommendations have been implemented has been completed with a copy provided to the inspector. The Fire Risk assessment document has been updated outlining the outcome of the eight recommendations.</p>
Area for improvement 2 Ref: Regulation 27(4)(f) Stated: First time To be completed by: 13 January 2019	<p>The registered person shall ensure that all staff are in receipt of up-to-date training in fire safety drills.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff are currently undertaking fire safety drills within the residential home to ensuring that all staff are up-to-date and have completed the relevant training. A full evacuation drill involving the NIFRS has been scheduled for each of our homes and due at Marriott House before the end of March 2020.</p>

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



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