

Inspection Report

17 October 2023



Marriott House

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clanmill Housing Association Responsible Individual: Ms Clare Imogen McCarty	Registered Manager: Ms Geraldine Boyce – not registered
Person in charge at the time of inspection: Ms Geraldine Boyce, manager	Number of registered places: 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
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 residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 13 persons. Accommodation is provided in single bedrooms with ensuite facilities. Residents have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 17 October 2023 from 10.15am to 3.30pm, 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.

The home was found to be welcoming, clean and free from odours. Bedrooms were tastefully personalised and reflected items which were important to the residents.

Residents were observed to be relaxed within their environment. Residents commented positively on the care provided to them and praised the food provision.

Staff reported that there was good team work in the home and the care of the residents was important to them. Staff interactions were found to be compassionate and supportive towards the residents.

Four new areas requiring improvement were identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 quality improvement plan, 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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them" and this was a "great place." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "excellent." Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Marriott House and they all worked well together. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required.

Staff spoken with stated that the care provided to residents was important to them and was of a good standard. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable.

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 2 March 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (1) Stated: First time	The registered person must ensure all staff are in receipt of up-to-date training in dysphagia.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (1) (c) Stated: First time	The registered person must ensure the practice of inappropriate storage of items and equipment in bathrooms' ceases.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: 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.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff supervision and appraisals were completed.

The system in place to ensure that care workers with the Northern Ireland Social Care Council (NISCC) were appropriately registered was reviewed. While it was established that all staff were registered, it was noted that the necessary dates of staff registration were not consistently recorded. Advice was given to the manager to ensure this was fully completed and checked. This will be monitored at future inspections.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis and the manager's hours were recorded.

While staff reported that there was good team work, staff also advised that sometimes when the staffing is reduced in the afternoons and evenings; it can be very difficult to get all of the duties completed as this means there is one staff member on each floor. This was discussed with the manager who agreed to review and action this. This will be followed up at the next inspection.

Staff reported that they felt supported by the manager and were found to be knowledgeable of the individual needs of the residents.

Residents spoken with praised the staff saying; "we are so well looked after here" and staff are good; they come to you if you want anything."

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Examination of records confirmed that the risk of falling and falls were well managed.

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.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. 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. An area for improvement was identified to ensure that the daily menu is displayed and that all meals should be covered during transportation.

Staff were observed providing direct supervision to residents where this was required. While care staff were knowledgeable of the speech and language (SALT) recommendations; there was no clear system in place to ensure that all staff were informed of this and care records did not consistently reflect the SALT recommendations. This was identified as an area for improvement.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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.

Residents' individual likes and preferences were reflected throughout the records. Overall care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. However, it was noted in relation to the management of smoking; these care plans need to be developed and more person centred. This was identified as an area for improvement.

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.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were found to be personalised and contained items which were important to them. It was evident that recent refurbishment had taken place and further redecoration is planned.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 4 September 2023. There were two recommendations made as a result of this assessment and these are still being actioned.

It was noted that the lounge door was propped open with a chair and a number of wedges were observed throughout the home. This was identified as an area for improvement to ensure that fire doors are not propped or held open.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents in the home they were being encouraged to participate in colouring activities to make Halloween decorations. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

5.2.5 Management and Governance Arrangements

There had been a change in the management of the home since the last inspection; Ms Geraldine Boyce is the manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine 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.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	4*	1

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Geraldine Boyce, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	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.
	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.
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: 31 October 2023	The registered person shall ensure that there is a clear system in place in regards the management of residents with SALT recommendations and this should be clearly accessible for all staff. Care plans should also accurately reflect SALT recommendations. Ref: 5.2.2
	Response by registered person detailing the actions taken: A small number of residents at the home have SALT requirements. Those residents who have been assessed by SALT have had their care plans reviewed to ensure the recommendations are accurately reflected.
Area for improvement 3 Ref: Regulation 16 (1) Stated: First time To be completed by: 31 October 2023	The registered person shall ensure that care plans in relation to the management of smoking are developed and person centred. Ref: 5.2.2
	Response by registered person detailing the actions taken: Recommendations made by the inspector around the development of care plans in relation to management of smoking, have been accepted and implemented.

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect (17 October 2023)</p>	<p>The registered person shall ensure that fire doors are not propped open. Where doors are required to be held open; an appropriate self-closing device should be fitted.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff are aware of the importance of fire safety with regard to propping doors open and have been reminded of this. Estates colleagues have been instructed to review options around door closures to areas such as dayrooms and offices to minimise any risks posed</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 18 October 2023</p>	<p>The registered person shall ensure that daily menu is displayed for residents and that all meals should be covered during transportation.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A whiteboard is in place in the dining room to display the menu of the day. On the day of inspection an agency staff member was on duty. It is our normal practice to display the menu. Colleagues will ensure the daily menu is displayed in a clear manner. In addition, colleagues also discuss with the residents what the menu options are for the day ahead. Colleagues have been reminded of the requirement that food being transferred out of the dining room is covered.</p>

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