



The Regulation and
Quality Improvement
Authority

Marriot House
RQIA ID: 1698
30 Castledawson Road
Magherafelt
BT45 6PA

Inspector: John Mc Auley
Inspection ID: IN023082

Tel: 02879301100
Email: andrew.johnston@clanmil.org.uk

**Unannounced Care Inspection
of
Marriot House**

18 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 18 November 2015 from 11am to 1:30pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. No areas of improvement were identified during this inspection.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/ Registered Person: Clare Imogen McCarty	Registered Manager: Andrew Gregg Johnston
Person in charge of the home at the time of inspection: Andrew Gregg Johnston	Date manager registered: 1/4/2005
Categories of care: RC-DE, RC-A, RC-I	Number of registered places: 13
Number of residents accommodated on day of inspection: 12	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with all the residents, four visiting relatives, one visiting healthcare professional, three members of staff and the registered manager.

We inspected the following records: two residents' care records, accident/ incident reports, quality assurance records and record of residents meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 05 May 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of requirements and recommendations from the last Care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) (a)	All staff having to perform mixed duties relating to catering from 2:00pm, for the evening time meal must cease and adequate ancillary cover must be put in place. It should be noted that if a requirement is stated a third time then enforcement action may be taken.	Met
	Action taken as confirmed during the inspection: Mixed duties relating to care staff doing catering duties has ceased. Adequate ancillary cover has been deployed for this period. Staff spoke positively about this provision of improvement.	
Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.3	The assessment of the spiritual care of the residents needs to be revised in explicit detail.	Met
	Action taken as confirmed during the inspection: The assessment of residents spiritual care needs had been revised in explicit detail.	
Recommendation 2 Ref: Standard 23.4	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Reference to this is made in that staff should be provided with training in continence management.	Met
	Action taken as confirmed during the inspection: Staff have received training in continence management.	

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was observed in regard to the cook seeking residents' particular preferences for their Christmas dinner and how they liked their meal served.

The residents and staff confirmed that they had a residents meeting on the 15 November 2015. Their views and wishes were actively sought and recorded. This record of this meeting was available during the inspection.

Residents' meetings were convened every month to plan and discuss activities, food provision and address any areas of concern.

Care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents meetings and the registered provider monthly visits. The manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were present within each care record. Residents were present and participated in their care management review.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, preferences at meal-times and assistance with personal care.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

5.3 Additional areas examined**i.3.1 Residents' views**

We met with all the residents. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff.

Some of the comments made included statements such as;

- "I am very happy here. No complaints"
- "I love it here"
- "We are all well cared for"
- "Everything is grand. No problems".

i.3.2 Relatives' views

We met with four visiting relatives. All spoke in complimentary terms about the provision of care and the kindness and support received from staff. Relatives also declared that they had good confidence with the services provided in the home.

i.3.3 Visiting professional views

We met one visiting healthcare professional during this inspection. This professional spoke with praise and confidence with care provided and co-operation with staff and management.

i.3.4 Staff views

We spoke with three care staff members individually, in addition to the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

i.3.5 General environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

i.3.6 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

Areas for Improvement

There were no areas of improvement identified within these additional areas examined.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	<i>A. Sanna</i>	Date Completed	14/12/15
Registered Person	<i>Clare McCarty</i>	Date Approved	15/12/15
RQIA Inspector Assessing Response	<i>Phumfong</i>	Date Approved	11/01/16

Please provide any additional comments or observations you may wish to make below:

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