

# Unannounced Care Inspection Report 26 April 2018



## Marriott House

**Type of Service: Residential Care Home**  
**Address: 30 Castledawson Road, Magherafelt, BT45 6PA**  
**Tel No: 028 7930 1100**  
**Inspector: John McAuley**

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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 thirteen beds that provides care for residents with categories of care detailed in 3.0 and in its certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Clanmil Housing Association  <b>Responsible Individual:</b> Clare McCarty	<b>Registered Manager:</b> Danielle Dawson
<b>Person in charge at the time of inspection:</b> Jeanette Mulholland – Senior Care Assistant	<b>Date manager registered:</b> 14 November 2017
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence	<b>Number of registered places:</b> 13

### 4.0 Inspection summary

An unannounced care inspection took place on 26 April 2018 from 10.00 to 13.30 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 training, supervision, appraisal, adult safeguarding, and management of accidents and incidents. Areas of good practice were also found in relation to infection prevention and control, the environment and maintenance of good working relationships.

No areas requiring improvement were identified during this inspection. However further to this, submission of requested documentation during this inspection identified two areas of improvement in respect of the legionella risk assessment and the fire safety risk assessment.

Feedback from residents and one visiting relative were all positive in regard to the provision of care and life in the home.

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
<b>Total number of areas for improvement</b>	2	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jeanette Mulholland, Senior Care Assistant, as part of the inspection process and can be found in the main body of the report.

## 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 7 December 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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with twelve residents, four staff, one resident's visitor/representative and the senior in charge.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- LOLER inspection reports
- Legionella risk assessment
- 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

Areas for improvements identified at the last care inspection were 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 22 January 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 7 December 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27(4) (e) and (f) <b>Stated:</b> First time	The registered person shall ensure that fire safety training and fire safety drills is maintained on an up to date basis with all staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of fire safety records confirmed that fire safety training and safety drills were maintained for all staff on an up to date basis.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time	The registered person shall seek to train the registered manager in adult safeguarding – Level 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager was attending this training on the day of this inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.10 <b>Stated:</b> First time	The registered person shall review all individual window restrictors in accordance with current safety guidelines with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of window restrictors had been put in place with subsequent appropriate action.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	The registered person shall ensure appropriate content is recorded in residents' progress records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of care records confirmed that no inappropriate content was recorded in residents' care records.	

### 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 in charge 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. No 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.

An inspection of a completed induction record and discussion with the senior care assistant and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

The senior care assistant and staff advised 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.

Discussion with the senior care assistant confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The senior care assistant reported that no new staff have been recruited since the previous inspection.

Enhanced AccessNI disclosures would be 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. Discussions with care staff acknowledged their registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and included the name of 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. 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.

The senior care assistant confirmed that restrictive practices were employed within the home, notably a keypad entry system. This was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. No other obvious restrictive practices were observed.

Discussion with staff, 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.

Discussion with the senior care assistant 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 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 home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Communal areas were comfortable and nicely facilitated. The sample of residents' bedrooms viewed were found to be personalised and furnished. The home had a nicely appointed courtyard garden for residents to avail of.

Inspection of the environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The senior care assistant advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Inspection of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

Following this inspection the registered manager submitted the home's most recent Legionella risk assessment in place dated 6 February 2017. Seven recommendations had been made as a result of this assessment. There was no corresponding recorded evidence of what actions had been taken as a response to these recommendations. This has been identified as an area of improvement in accordance with legislation. An action plan needs to be submitted to the home's aligned estates inspector detailing with timescales the actions in response to these seven recommendations.

The registered manager also submitted the most recent fire safety risk assessment dated 28 December 2016. There were nine recommendations made from this assessment with no corresponding evidence recorded of actions taken. This has been identified as an area of improvement in accordance with legislation. An action plan needs to be submitted to the home's aligned estates inspector detailing with timescales the actions in response to the nine recommendations and a date for when this assessment will be updated.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, and the home's environment.

### Areas for improvement

Two areas for improvement were identified during the inspection in relation to the legionella risk assessment and fire safety risk assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0



## 6.5 Is care effective?

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

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

An inspection of three residents' care records was undertaken. 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 the health and well-being of the resident. Care needs assessment and risk assessments such as manual handling, nutrition and falls 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. 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.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Discussion with staff confirmed that a person centred approach underpinned practice. For example discussions with staff found that they could identify residents' individual social care needs and how these were acted on to create fulfilment, enjoyment and comfort.

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 senior care assistant 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 risk assessments, care plans, care reviews, accidents and incidents, complaints and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

The senior care assistant 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 care records, along with accident and incident reports, 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 the inspection in relation to care records and communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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 core 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 and inspection of care records confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

An inspection of a sample of residents’ progress records found that issues such as pain or discomfort had a recorded statement of care/treatment given and 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.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The senior care assistant and 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.

Discussion with residents and observation of care 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 quality assurance audits, care review meetings, residents’ meetings and day to day

contact with management. The minutes of the most recent residents’ meeting were inspected and found to be maintained appropriately.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. A planned programme of activities was in place. A relaxed homely atmosphere was in place with residents enjoying the company of one another, resting, reading daily newspapers and/or watching a DVD of local interest.

Arrangements were in place for residents to maintain links with their friends, families and wider community. For example at the time of this inspection a group of residents were going out on a planned trip to a history centre in Omagh.

The inspector met with all the 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, the provision of meals and the general atmosphere in the home. Some of the comments made included statements such as;

- “It’s my second home. You honestly couldn’t complain about a thing here.”
- “I am really fortunate to of picked this home. Everything about it is great. I just love my room. It is very comfortable.”
- “I am looking forward to our trip out to Omagh today.”
- “We get a great choice of meals. They ask everyday what we would like and is is always lovely.”
- “It’s a great place. You’ll find nothing wrong here.”

The inspector also met with one visiting relative who spoke with praise and gratitude for the care provided for, the kindness and support received from staff and the overall homely atmosphere.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 senior care assistant in charge confirmed that 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. Discussion with the senior care assistant confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

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 reviewed 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 quality improvement which included regular audits and satisfaction surveys.

Discussion with staff 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.

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 reports of January, February and March 2018 were inspected and found to be maintained in informative detail with good evidence of governance.

Discussions with the senior care assistant confirmed that there was learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior care assistant confirmed that staff could readily access line management to raise concerns.

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 the inspection in relation to the governance arrangements, management of accidents and incidents and maintenance of good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

The two areas of 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 on 8 May 2018.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (t)  <b>Stated:</b> First time  <b>To be completed by:</b> 8 July 2018	The registered person shall submit an action plan to the home's aligned estates inspector detailing with timescales the actions in response to these seven recommendations made from the legionella risk assessment dated 6 February 2017.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Action plan submitted to aligned estates inspector
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 8 July 2018	The registered person shall submit an action plan to the home's aligned estates inspector detailing with timescales the actions in response to the nine recommendations from the fire safety risk assessment dated 28 December 2016 and a date for when this assessment will be updated.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Fire risk assessment updated on 15 <sup>th</sup> May 2018 and action plan submitted to aligned estates inspector

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



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