

Inspection Report

28 April 2022



Marriott House

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Clanmil Housing Association</p> <p>Responsible Individual: Ms. Clare Imogen McCarty</p>	<p>Registered Manager: Ms. Sharon McDonnell</p> <p>Date registered: 23 February 2022</p>
<p>Person in charge at the time of inspection: Mrs. Mairead Quinn, senior care assistant then joined by manager from 11.20am</p>	<p>Number of registered places: 13</p> <p>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</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. A – Past or present alcohol dependence.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 11</p>
<p>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 residents. Accommodation is over two floors with shared communal sitting rooms on both floors and a dining room on the ground floor.</p> <p>There is a courtyard garden which has good accessibility for residents to avail of.</p>	

2.0 Inspection summary

This unannounced inspection was conducted on 28 April 2022, from 9.40am to 2.25pm 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.

Staff promoted the dignity and well-being of residents with kind, caring interactions. It was also evident that staff were knowledgeable and trained to deliver safe and effective care.

A total of seven areas of improvement were identified at this inspection. These are detailed in the report and attached Quality Improvement Plan (QIP).

Feedback from residents was all positive in respect of their life in the home and their relationship with staff. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Marriott House was safe, effective, compassionate and that the home was well led but improvements were needed in respect of ensuring and maintaining this.

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 areas for improvement issued, 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 given for distribution to 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.

The findings of the inspection were discussed with Ms. Sharon McDonnell, Manager at the conclusion of the inspection

4.0 What people told us about the service

During this inspection 11 residents were met with. All confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

No responses were received on time for inclusion to this report.

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 20 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time	The registered person shall submit a time bound action plan to the home's aligned estates inspector detailing how the eight recommendations from the fire safety risk assessment dated 17 June 2019 have been addressed.	Met
	Action taken as confirmed during the inspection: This time bound action plan has been submitted and completed.	
Area for improvement 2 Ref: Regulation 30(1)(a) Stated: First time	The registered person shall ensure that any event that could have an impact on a resident (s) well-being, such as distressed behaviours from another resident is notified to RQIA.	Met
	Action taken as confirmed during the inspection: A review of the accidents and incidents confirmed that appropriate reporting had been made to RQIA in this respect.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 29.2 Stated: Second time	The registered person shall review the storage of furnishings in a designated smoking room with subsequent appropriate action.	Not met
	Action taken as confirmed during the inspection: At the time of this inspection a combustible bin was in situ in the designated smoking room. This was brought to the attention of the manager who removed it immediately. This area of improvement has been stated as a requirement.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff recruitment is managed by the organisation's human resource department with oversight from the manager.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis, other than safeguarding training which was not up-to-date and in place for all staff. This has been identified as an area of improvement.

A matrix of mandatory training received by staff was not in place. This made it difficult to ascertain when staff needed to renew their training. This has been identified as an area of improvement to put in place.

Staff spoke positively about the provision of training and said that they felt training needs were being met and also identified at supervision and appraisal.

Staff said there was good team work and that they felt supported in their role but vacancies in catering and domestic increased their workload demands and pressures. At the time of this inspection there was no domestic cover in the home and this was being facilitated by care staff undertaking touch point cleaning duties. The manager said that these positions were out for recruitment. However adequate and sufficient cover needs to be put in place in the interim period for these positions.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example with the provision of meals and dietary needs and social care needs.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

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 were seen to engage with residents' consent with statements such as "Would you like to..." and "Are you okay with..." when delivering personal care.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice. 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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. Two residents made the following comments about their care: "The care is excellent. Things couldn't be better." and "I am doing marvellous since I came here. I really notice a change for the better with my health."

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

The home was in large clean, tidy but areas of the home did need attending to due to a lack of adequate domestic cover. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Identified flooring in an unoccupied bedroom had a torn surface and would have been ineffective for cleaning and posed as a trip hazard. This has been identified as an area of improvement.

A number of wardrobes posed a risk if a resident were to pull on same in the event of a fall. This has been identified as an area of improvement.

The grounds of the home were well maintained with good accessibility for residents to avail of.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 31 August 2021. There was corresponding evidence recorded to confirm that the three recommendations from this assessment had been addressed. Fire safety training, safety drills and safety checks in the environment were being maintained on an up-to-date basis.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

There was evidence that there were systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents were seen to be comfortable, content and at ease in their environment and interactions with staff. Comments from residents included the following statements; “It’s a lovely place. Great staff and great food.” and “There is a lovely atmosphere here. I feel at ease.”

There was a nice atmosphere and ambience with residents enjoying the company of one another and staff, relaxing and watching television.

The genre of music played and television programmes was appropriate to the age group and tastes of residents.

The impact of COVID-19 was discussed with the manager who explained the steps the home had taken to minimise the impact with residents in terms of visiting and social care needs.

5.2.5 Management and Governance Arrangements

Ms Sharan McDonnell has been the registered manager of the home since 23 February 2022. Staff spoke positively about the management of the home, saying that they was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

Regulatory documentation, such as monitoring reports of the registered provider and staff training records were not readily available for inspection and needed to be accessed via the computer by the manager. These documents need to be readily available for inspection including when the manager is not on duty. This has been identified as an area of improvement.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends and need for corresponding actions.

The home is visited each month by a representative of the registered provider. A report is then published of these visits for relevant parties to examine. A review of the last two monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

The manager explained that expressions of complaint were seen as a forum for improvement and were taken serious and would be effectively managed. Records of complaint were recorded appropriately.

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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	5	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Sharon McDonnell, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2022</p>	<p>The registered person shall review the storage of furnishings and any combustible items in the designated smoking room with subsequent appropriate action.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Combustible items have been removed from smoking area and a reminder has been issued to all colleagues in this respect. This will be monitored by the Home Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14(4)</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2022</p>	<p>The registered person shall ensure all staff working in the home are in receipt of adult safeguarding training.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff who had not had up to date Safeguarding Training have been enrolled on next training date, which is the Beginning of September, while waiting on this date staff have to complete elearning Training for Safeguarding Vulnerable Adults. Manager has made sure these staff members are not on Rota for allocated training days.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p>	<p>The registered person must ensure there is adequate and sufficient domestic and catering staff in place to meet the responsibilities of these roles.</p> <p>Ref: 5.2.1</p>

To be completed by: 5 May 2022	Response by registered person detailing the actions taken: he home was utilising agency and cover staff during a period of absence and recruitment period. A new Domestic Assistant has been appointed and taken up post.
Area for improvement 4 Ref: Regulation 27(2)(t) Stated: First time	The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action. Ref: 5.2.3
To be completed by: 5 May 2022	Response by registered person detailing the actions taken: Il wardrobes have been securely attached to the walls by Maintenance, in accordance with current safety guidelines.
Area for improvement 5 Ref: Regulation 19(1) Schedule 4 Stated: First time	The registered person shall ensure a system is put in place to ensure regulatory documentation is readily available for inspection. Ref: 5.2.5
To be completed by: 28 May 2022	Response by registered person detailing the actions taken: Manager has had shelving put in her office in which all folders will be readily available for inspection
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: 28 May 2022	The registered person shall put in place a matrix of all mandatory training received by staff, so as to give clear managerial oversight that these areas of training are met on an up-to-date basis. Ref: 5.2.1
	Response by registered person detailing the actions taken: A new matrix has been completed which makes easy management of all up to date training for staff. The matrix will be online but also a hard copy will be readily available for all staff and inspections.
Area for improvement 2 Ref: Standard E13 Stated: First time	The registered person shall repair / make good the flooring in the identified bedroom. Ref: 5.2.3
To be completed by: 28 May 2022	Response by registered person detailing the actions taken: he room in question is currently vacant waiting on new flooring which has been agreed to be completed by the end of June

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



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