



Unannounced Care Inspection Report

28 May 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 cited in its certificate of registration and in 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual(s): Clare Imogen McCarty	Registered Manager and date registered: Zoe O’Kane Acting capacity
Person in charge at the time of inspection: Zoe O’Kane	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: 11 plus one resident in hospital

4.0 Inspection summary

An unannounced inspection took place on 28 May 2019 from 10.00 to 13.50 hours.

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 one area of improvement in respect of previous medicines management inspection was also reviewed and validated.

Evidence of good practice was found in relation to the improvements identified and acted on by management in relation to staffing levels and the environment. Other areas of good practice were found in relation to communication with relevant stakeholders, as applicable and the ambience in the home at the time of this inspection.

One area requiring improvement was identified during this inspection. This was in relation to recording actions taken in response to any issues identified at monthly monitoring visits.

Residents described living in the home as being a good experience/in positive terms. Some of the comments included; “I am very happy here. No complaints” and “Everything is lovely about here, especially the meals”.

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, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Zoe O'Kane, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 10 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2018. 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 previous inspection findings of the medicines management inspection, registration information, and any other written or verbal information received

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from these questionnaires were received in time for inclusion of comment to this report.

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

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

- RQIA registration certificate
- Statement of Purpose and Residents' Guide

Areas for improvements identified at the last care inspection were 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 10 October 2018

The one area of improvement generated from previous medicines management inspection on 22 January 2018 was also validated during this inspection.

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 28.3 Stated: First time	The registered person shall ensure there is no inappropriate storage under the stairwell.	Met
	Action taken as confirmed during the inspection: There was no inappropriate storage found under this stairwell at the time of inspection.	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that monthly monitoring visit reports are available on an up-to-basis.	Met
	Action taken as confirmed during the inspection: These reports were readily available.	

6.2 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

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.

The manager confirmed the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. An example of this was increasing the care provision for the afternoon/evening period. The manager had reviewed the staffing levels and identified a need for increased care staff during this period. This is to be commended.

No concerns were raised regarding staffing levels during discussion with residents and staff.

Staff induction, supervision and appraisal

Discussions with the manager and staff confirmed that any new members of staff have received an induction. The manager also confirmed and was able to demonstrate that a programme of supervisions and appraisals were in place. 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. There was good compliance with staff in this area of regulation.

Staff training

Inspection of staff training records found that mandatory requirements and additional training areas were being met. Staff were skilled and knowledgeable of the needs of the residents. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

Safeguarding

Discussions with the manager and staff confirmed that they had knowledge and understanding of safeguarding principals and resident core values of privacy, dignity and respect. Staff were aware of their obligations to report any concerns and advised that they found the new management team 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 furnishings being maintained. Plans are actively in plan for new corridor flooring and redecoration, which is good. Communal areas were comfortable and nicely facilitated. Residents' bedrooms were decorated to a good standard and personalised as per individualised choice.

Inspection of the internal and external environment identified that the home and grounds were 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.

Fire Safety

Inspection of staff training records confirmed that all staff are in receipt of fire safety training and fire safety drills. 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 regularly checked and maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels, training, supervision and appraisal and the home's environment.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of three residents' care records was undertaken. These records 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 a daily/regular record of progress and well-being.

Care needs assessment and risk assessments, for example safe moving and handling, nutrition, 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.

There was clear 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

The manager 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 care plans, care review, accidents and incidents (including falls), 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 visits reports.

Residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by issues of assessed need such as pain or discomfort had a recorded statement of care/treatment given with effect(s) of same.

The manager 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. A matrix detailing the dates or residents' last named worker reviews was maintained and acted on by senior staff. This is good practice.

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, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

General observations of care practices throughout this inspection found residents were supported in an organised, unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with 11 residents in the home at the time of this inspection. Residents were keen to express their praise and gratitude for 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;

- "I am very happy here. No complaints"
- "Everything is lovely about here, especially the meals"
- "The staff are wonderful and kind"
- "You couldn't pick fault with this place. It is very good".

Activities

Discussion with staff and residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents were relaxing, watching television and/or engaged in pastimes of choice. A programme of planned activities was displayed. There was also a display of photographs of residents' participation in previous activities and events. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

A new manager has recently come in post and is in acting capacity until approval by RQIA to be registered. This is detailed in the home's revised Statement of Purpose and Residents' Guide.

Managerial arrangements

The manager confirmed understanding of understanding of the categories of care for which the home was registered with RQIA.

The manager also confirmed good knowledge and understanding of the role and responsibilities of the registered manager under regulations. She was enthusiastic about the new challenges in her position and had already identified areas quality assurance that needed to be addressed, such as reviewing of staffing levels, which was good.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The last three months (March, April and May 2019) reports were inspected. These reports were informative, detailed and good evidence of governance. All these visits were unannounced. An area of improvement was identified in relation to recording actions taken of any issues identified at the monthly monitoring visits, which was not in place.

Complaints

Complaints management was robust and in keeping with legislation and standards. The manager has established a system for audit of any complaints received to ensure that trends or themes are identified and actioned.

The complaints procedure was displayed in accessible locations for residents and their representatives to seek knowledge and assurances with this aspect of management.

Accidents and Incidents

An inspection of accidents and incidents reports from 1 April 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A monthly audit of accidents and incidents was undertaken.

The manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good working relationships within the home. Staff also advised that they felt a good standard of care

was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This was in relation to recording actions taken of any issues identified at the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Zoe O’Kane, manager, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2019</p>	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p> <p>Actions on monthly reports are currently recorded and managed electronically .</p> <p>A copy of the report from the system will now be attached to the monthly report</p>
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