

Inspection Report

20 May 2021



Marriott House

Type of service: Residential

Address: 30 Castledawson Road, Magherafelt, BT45 6EF

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clanmil Housing Association	Registered Manager: Miss Zoe O’Kane
Responsible Individual: Ms Clare Imogen McCarty	Date registered: 23 October 2020
Person in charge at the time of inspection: Miss Zoe O’Kane	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: 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 13 persons. Resident bedrooms are located over the two floors. Residents have access to communal lounges, a dining room and a courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2021, from 9.20 am to 2.10 pm by a care inspector.

The inspection assessed progress with the one area of 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.

Three areas requiring improvement were identified. These related to the fire safety risk assessment, notifications to RQIA and inappropriate storage of furniture.

Residents said that living in the home was a good experience.

Comments received from residents and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Marriott House was safe, effective, and compassionate and that the home was well led.

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 area of improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the Person in Charge at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with all nine residents and five staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents spoke highly on the care that they received and on their interactions with staff. Residents confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. Staff acknowledged the difficulties of working through the COVID – 19 pandemic but all staff agreed that Marriott House was a good place to work. Staff were complimentary in regard to the home's manager and spoke of how much they enjoyed working with the residents.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Marriott House was undertaken on 20 August 2020 by a care inspector.

Areas for improvement from the last inspection on 20 August 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 29.2 Stated: First 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: Items of furniture from the previous care inspection had been removed, however at the time of this inspection there were inappropriate storage of a stack of chairs in this room.	
	This area of improvement has been stated for a second time.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible, as managed by the organisation's human resource department. Discussions with the manager confirmed she had good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular and up-to-date mandatory and additional training in a range of topics.

Staff said there was good team work and that they felt well supported in their role. Staff also said that they were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of 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 person in charge of the home has a competency and capability assessment in place.

Staff stated that there was enough staff on duty to meet the needs of the residents. The manager also stated that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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, residents were able to have a lie in and breakfast in bed.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said "You won't get a better home anywhere else than this place. They (the staff) are all so good to us here. It's a lovely place." and "I love it here. The staff are really good, every one of them. I feel very safe here."

There were safe systems in place to ensure staff were recruited and trained properly; and those residents' needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Inspection of staff training records confirmed that all staff had completed adult safeguarding training on an up-to-date basis. Staff stated they were confident about reporting concerns about residents' safety and poor practice, and that they understood the whistle-blowing policy.

Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. Inspection of residents' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that residents who had capacity were actively involved in the consultation process and could give informed consent. This was good practice. Staff had attended specialised training to ensure they were aware of what restrictive practices were and how to ensure if they could not be avoided that best interest decisions were made safely for all residents.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent with delivering personal care with statements such as; "Would you like to...or can I help you with..."

There were systems in place to ensure that residents were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping residents safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence in the home of displays of photographs of residents undertaking in the part of the activity programme provided.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The home's most recent fire safety risk assessment was dated 17 June 2019. There was no corresponding evidence recorded to confirm that the eight recommendations from this assessment had been addressed. Verbal assurances were given by the manager that these recommendations had been addressed but actual written confirmation needed to be in place with this. This has been identified as an area of improvement.

Inspection of staff training records and fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

There was good evidence of personalisation and a programme of upkeep and redecoration in place as required.

5.2.4 How does this service manage the risk of infection?

The manager described the systems and processes that 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).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

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

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

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.

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

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. The senior care assistant on duty had good knowledge of individual residents' needs, their daily routine wishes and preferences.

Inspection of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a resident has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. However there were identified incidents when the distressed behaviour of a resident could have had an impact on other residents and should have been notified to RQIA. An area of improvement was made in this regard.

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 could include simple encouragement through to additional assistance from staff. During the dining experience, 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 choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunchtime meal was a pleasant and unhurried experience for the residents.

One resident made the following statement; "The food is very good – too good."

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

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 these needs; and included any advice or recommendations made by other healthcare professionals. The 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 of their care needs and what or who was important to the individual.

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.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Residents were seen to be comfortable and at ease in their environment and interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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 stated that they would have no hesitation in reporting a concern with the manager and they felt that they would be received positively in this respect.

There has been no change in the management of the home since the last inspection. A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environmental cleaning and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

An inspection of the records of accidents and incidents which had occurred in the home found that these were managed correctly and in large reported appropriately. However an area of improvement was identified 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. Accidents and incidents were monitored on a monthly basis to establish if there were any patterns or trends.

Confirmation of regular visits on the behalf of the Responsible Individual was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded. Sample reports of visits on 25 February 2021 and 30 March 2021 were inspected and found to be maintained in informative detail. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager / senior staff.

Residents were seen to be well cared for with supportive, kind interactions from staff. Care duties and tasks were organised and person centred. Feedback from residents was positive and there was an obvious nice rapport with staff and residents.

Evidence of good practice was found in relation to the management of infection prevention and control (IPC) and comfort of the environment.

As a result of this inspection three areas for improvement were identified in respect of the fire safety risk assessment, notifications to RQIA and inappropriate storage of furniture. Details can be found in the Quality Improvement Plan included.

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).

	Regulations	Standards
Total number of Areas for Improvement	2	1*

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Zoe O'Kane, Registered 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 27(4)(a) Stated: First time To be completed by: 20 June 2021	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: All 8 Recommendations for the Fire Risk assesment completed, saved and forwarded to Estates Inspector.
Area for improvement 2 Ref: Regulation 30(1)(a) Stated: First time To be completed by: 21 May 2021	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: All senior staff informed at Supervisions regarding RQIA reporting procedures in relation to distressed behaviours.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 29.2 Stated: Second time To be completed by: 20 May 2021	The registered person shall review the storage of furnishings in a designated smoking room with subsequent appropriate action. Ref: 5.1
	Response by registered person detailing the actions taken: All furniture removed form designated smoking room and appropriate storage area allocated

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



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