

Inspection Report

Name of Service: Marriott House

Provider: Clanmil Housing Association

Date of Inspection: 8 October 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Clanmil Housing Association
Responsible Individual:	Mrs Carol McTaggart
Registered Manager:	Mrs Geraldine Boyce
<p>Service Profile This home is a registered Residential Care Home which provides health and social care for up to 13 residents who are living with frail elderly needs and/or dementia.</p> <p>Residents are accommodated over two floors and they have access to multiple communal spaces and a garden area. All residents are accommodated in single bedrooms with ensuite facilities.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 October 2024, from 10.10 am to 3.20pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection all areas for improvement were assessed as having been addressed by the provider. Two new areas for improvement were identified. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home. Comments included: "we are well looked after; this is a great place." "The staff are so kind and I feel very safe in here." "There is plenty of staff on duty and if you want anything, just ask." Residents commented positively on the meal and activity provision in the home.

One questionnaire was received from a relative. The respondent was very satisfied with the overall delivery of care. Comments included: "Excellent care provided from all staff. This is a clean and tidy home and the food is delicious. The staff are always checking that everything that I need is there; kept warm and comfortable at all times.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing. However some details were unable to be verified in relation to recruitment practices. This was identified as an area for improvement.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were always available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activities found staff to be reassuring and compassionate.

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 also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered. Drinks were readily available for residents throughout the day.

The importance of engaging with residents was well understood by the staff. An activity schedule was on display in the communal areas offering a range of individual and group activities such as singing, baking, crafts, story telling and reminiscence work. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

There was evidence of halloween crafts completed by the residents, on display in the home. During the inspection a number of the residents were engaged in hand care and massage with the staff. There was a relaxed atmosphere during the activity and staff were readily available to assist in the planned activity, if the resident chose to no longer participate.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities. Residents commented that there was always something to do. One resident spoke about the garden party with their families in the summer and how much they enjoyed it. Residents also reported that the cook always makes a cake for each residents' birthday.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained and this was further reiterated by the residents. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of crafts and activities completed by the residents and light music played in the background.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Geraldine Boyce is the manager of the home.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

However it was noted that the reports of the Regulation 29 visits were not available for inspection. This was identified as an area for improvement.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Robert Linton, Senior Care Assistant, 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 29</p> <p>Stated: First time</p> <p>To be completed by: 9 October 2024</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are undertaken on a monthly basis and are readily available for inspection.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: A hard copy of all Regulation 29 monitoring visits are held in a folder in the Senior Care Assistant's office. On the day of the inspection one of these documents was not in place as the Care Home Manager had been auditing the actions contained in it. Moving forwards this will now be part of the monthly auditing process to ensure these are printed out and placed in the folder when completed</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
<p>Area for Improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 9 October 2024</p>	<p>The registered person shall ensure that before an offer of employment, the employment history, reasons for leaving and any gaps in employment are explored.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: The HR department in Clanmil explore the candidates employment history and gaps in employment as part of the routine pre employment checks. This will now be recorded during the interview process and a copy kept on file.</p>

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



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