The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Marriott House**

Provider: **Clanmil Housing Association**

Date of Inspection: **21 October 2025**

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:	Ms Geraldine McCann – not registered
Service Profile This home is a registered Residential Care Home which provides health and social care for up to 13 residents. Residents are accommodated in single bedrooms over two floors and they have access to communal and dining areas. The home provides care for up to 13 residents with frail elderly needs and can accommodate up to five residents who are living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 21 October 2025, from 10.15 am to 4.15pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the areas for improvement identified at the last inspection undertaken by RQIA on 17 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the well-being of residents and understood the needs of the residents in order to deliver safe and effective care.

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

While we found care to be delivered in a compassionate manner, improvements were required in relation to the governance arrangements to assist the recently appointed manager in their role.

The inspection findings were shared with the manager during feedback and with the regional manager after the inspection. The findings were further discussed with representatives on behalf of the RI during the meeting with RQIA on 30 October 2025. Assurances were provided of the actions planned to address the inspection findings.

One area for improvement was assessed as met by the provider. One area for improvement will be carried forward for review to the next inspection and one area for improvement will be stated for the second time. Full details, including four 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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: "All is good in here, the staff are good and we are well looked after." "There is always plenty to do; lots of activities are on." "The food is good and the staff are kind." "I am very happy here, the staff couldn't do enough for you; they are so good. The food is excellent." "We are well cared for in here, it is a great place. We have plenty of fun; we had activities this morning. The staff are so helpful and the food is excellent."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the manager was supportive and available for advice and guidance.

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. While there was evidence of some systems in place to manage staffing; there was gaps identified within the recruitment process. This area for improvement will be stated for the second time.

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.

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; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions during the activities found staff to be kind and compassionate.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

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.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required. However it was noted that the care plan/risk assessment were not always reviewed following a fall. This was identified as an area for improvement.

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.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display in communal areas offering a range of individual and group activities such as bingo, armchair exercises, story telling, baking, hand massage and music activities. Residents were well informed of the activities planned and looked forward to attending the planned events.

During the inspection a number of the residents were engaged in armchair exercises with the staff. There was a relaxed atmosphere during the activity and staff were readily available to assist and support in the planned activity.

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.

Arrangements were in place to meet patients' 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.

Care records were person centred, well maintained 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

The home was clean, tidy and well maintained and the residents further reiterated this. Residents' bedrooms were tastefully personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents.

It was noted that the smoking room on the first floor was being used as a medication room. Therefore it was not being used for the purpose for which it was registered and RQIA had not been informed. This was identified as an area for improvement.

Furthermore this room was unsecured and the residents' medication was easily accessible. This was brought to the attention of the manager and immediate action was taken to secure the medication. This was identified as an area for improvement.

In addition the cleaners store was unsecured for a period of time resulting in cleaning products not being stored securely and being accessible to residents.

This was identified as an area for improvement.

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 a change in the management of the home since the last inspection and RQIA were not informed of this. Ms Geraldine McCann is now manager of the home. A retrospection notification was submitted to RQIA to advise of the change, following the inspection.

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

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

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	3*	3*

* the total number of areas for improvement includes one area which has been stated for a second time and one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Geraldine McCann, 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 13(4) **Stated:** First time **To be completed by:** From the date of the inspection	The registered person shall ensure that the maximum, minimum and current temperature of the medicine refrigerator are monitored and recorded daily and that the temperature is maintained between 2ºC and 8ºC. Corrective action must be taken if temperatures outside this range are observed. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) (a) **Stated:** First time **To be completed by:** As from the date of this inspection	The registered person shall ensure that all medication is stored in a secure place. Ref: 3.3.4
	Response by registered person detailing the actions taken: Medication storage was immediately reviewed and stored in the designated storage area with all cupboards locked whilst not in use. New digi lock door handles were installed to ensure compliance with medication regulations.
Area for improvement 3 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** As from the date of this inspection	The registered person shall ensure that all cleaning products are stored securely and not accessible to residents. Ref: 3.3.4
	Response by registered person detailing the actions taken: Area used for storing cleaning products had locks thoroughly inspected by the maintenace technician. A staff communication log was issued to all staff dated 22nd October 2025 reminding them of the importance of COSHH compliance and RQIA regulations. Senior staff who induct agency workers were spoken to individually and instructed to ensure agency workers comply with regulations.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for Improvement 1 **Ref:** Standard 19.2 **Stated:** Second time **To be completed by:** As from the date of this inspection	The registered person shall ensure that before an offer of employment, the employment history, reasons for leaving and any gaps in employment are explored.
	Response by registered person detailing the actions taken: The registered person discussed the recruitment procedure with HR and highlighted an area which had been missed on a new starter form. Paperwork for new employees has been reviewed to include this commentary and oversight by the Registered Manager.
Area for improvement 2 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** As from the date of this inspection	The registered person shall ensure that care plans/risk assessments are reviewed for any resident, following a fall. Ref: 3.3.2
	Response by registered person detailing the actions taken: Review was carried out of current falls management and care planning procedures by registered person. Communication log was issued to Senior staff on 22nd October 2025 as a reminder to complete falls incident form and ensure care plans and risk assessments are reviewed immediatley after an incident. The registered person will continue to be notified by email of any reportable incident. A care plan audit is to be carried out within 24 hours by the registered person or another Senior member of staff.
Area for improvement 3 **Ref:** Standard 27.11 **Stated:** First time **To be completed by:** As from the date of this inspection	The registered person shall ensure that RQIA are notified of any change of use of room in the care home prior to the changes being implemented. Ref: 3.3.4
	Response by registered person detailing the actions taken: The current registration requirements regarding room use was reviewed by the registered person. A checklist was developed for changes affecting the registered premise and discussed with line manager. The RQIA will be notified in writing prior to proposed change of room use.

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

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