The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Marriott House

Provider: Clanmil Housing Association

Date of Inspection: 29 April 2026

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 with frail elderly needs. Furthermore the home can accommodate up to five people who are living with dementia. This home is a two storied dwelling and there are a range of communal and dining areas in the home. Residents also have access to secure outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 29 April 2026 from 10.00am to 4pm, 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 21 October 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and well maintained. Bedrooms were tastefully personalised with items important to each resident.

Residents reported that there was a good standard of care provided in the home and there was enough staff on duty. Residents also praised the meal provision.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one area for improvement was carried forward for review to the next inspection. All of the other areas for improvement were assessed as having been addressed by the provider. Three new areas for improvement were identified and full details 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

Discussion with residents evidenced that they were very happy with the care provided to them in Marriott House. Comments made included: "This is a great place here; the staff are so good. There are always plenty of staff about. They are very helpful and they do their best." "I am very happy so far. The staff have been very good to me and very kind. The food is very good" and "this is a wonderful place; the staff are so good, I am so happy here."

Residents advised that they can choose where and how to spend their day and this was observed during the inspection when choices were offered.

Staff spoken with advised that this was a good place to work with a 'homely' environment provided for the residents. Staff further advised there was good teamwork and staff morale was good. Staff reported that the care provided was of a good standard and that the residents were safe in this home. Staff confirmed that they were well supported in their roles by the manager.

Two questionnaires were returned by relatives as part of this inspection. All of the respondents indicated that they were satisfied with the care provided. Comments included: "I think the care received is excellent" and "excellent care, supported in every way."

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 systems in place to manage staffing.

Review of two staff recruitment files evidenced that the manager did not have oversight of the pre-employment health assessment. Furthermore the Enhanced AccessNI number was not recorded. This was identified as an area for improvement.

Review of updated record of staff training provided following the inspection confirmed that overall there was good compliance with mandatory training.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Review of the supervision planner confirmed that staff received supervision every six months and an annual appraisal.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

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

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Residents confirmed that staff responded quickly to calls for assistance.

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.

Discussion with the manager provided assurances how the risk of falling and falls were managed within the home. The manager confirmed the home was utilising the Post-falls guidelines for care homes which would be seen as best practice guidance.

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

Staff wore aprons when serving or assisting with meals and were found to be very knowledgeable in regards to residents' meal preferences and dislikes. Residents praised the meal provision in the home.

The importance of engaging with residents was well understood by the manager and staff. There was a range of activities provided for residents. An activity schedule was on display in the communal area offering a range of individual and group activities such as armchair exercises, bingo, arts and crafts or baking, music activities and reminiscence. 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.

During the inspection a number of the residents were involved in bingo. This was observed to be a fun activity where all of the residents were encouraged by staff and supported to participate.

For other residents in the home they were engaged in discussions between themselves and staff. A number of residents were provided with their daily papers by staff. Residents also had opportunities to watch television or engage in their own preferred activities such as knitting or gardening. 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.

However it was noted that one resident had been admitted to the home six days previously and there was only one risk assessment completed and there were no care plans in place. The manager provided confirmation that this was completed immediately following the inspection. This will be reviewed at the next inspection.

The other care records reviewed 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

The home was clean, tidy and well maintained. Residents' bedrooms were meaningfully personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. All cleaning products were stored securely.

It was noted that in a small number of bedrooms there was no lockable storage available. This was discussed with the manager who advised that there had been new lockers purchased. The manager agreed to review this and it will be followed up at the next inspection.

Corridors were found to be clear and unobstructed and fire doors were fully closing. The fire safety risk assessment was completed on 12 August 2025. Any recommendations made as a result of this assessment were signed off, as actioned by the manager.

While there were systems and processes were in place to manage infection prevention and control, it was noted that a significant number of the toilets had inappropriate storage on top of the toilet cisterns. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

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

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

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the residents' next of kin, their aligned named worker and RQIA.

There was a range of audits and quality assurance in place. These audits included; falls, hand hygiene, infection prevention and control, environment and resident weights.

The home is visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA. However there was no evidence recorded of consultation with staff. 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*	3

* the total number of areas for improvement includes 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 2^{o}C and 8^{o}C. 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.
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 (29 April 2026)	The registered person shall ensure that the manager has oversight of the recruitment process. This relates specifically to the medical assessment. In addition the date of commencement of employment and the Enhanced AccessNI number should be recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken:

Area for Improvement 2 **Ref:** Standard 35.1 **Stated:** First time **To be completed by:** As from the date of this inspection (29 April 2026)	The registered person shall ensure that there are no items stored on top of toilet cisterns Ref: 3.3.4
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref:** Standard 20.11 **Stated:** First time **To be completed by:** As from the date of this inspection (29 April 2026)	The registered person shall ensure that the person undertaking the monthly monitoring visits speaks with staff and all comments are recorded on these reports. Ref: 3.3.5
	Response by registered person detailing the actions taken:

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

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

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