



The Regulation and
Quality Improvement
Authority

Marina Care Centre
RQIA ID: 1423
Shore Rd
Ballyronan
BT45 6JA

Inspector: Raymond Sayers
Inspection ID: IN021541

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**Announced Estates Inspection
of
Marina Care Centre**

15 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1.1 Summary of Inspection

An announced estates inspection took place on 15 July 2015 from 10.15am to 14.45pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	2

The details of the QIP within this report were discussed with Mr Paul McElholm (Maintenance Supervisor) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: HC- One Limited	Registered Manager: Ms Ailish Devlin
Person in Charge of the Home at the Time of Inspection: Teresa Boyd (Deputy Manager)	Date Manager Registered: June 2013
Categories of Care: NH-DE, NH-I,RC-I, RC-MP(E)	Number of Registered Places: 42
Number of Patients Accommodated on Day of Inspection: 29	Weekly Tariff at Time of Inspection: <i>Trust rates</i>

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and/or themes has/have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report and statutory notifications over the past 12 months.

During the inspection the inspector met with Mr Paul McElholm, Maintenance Supervisor.

The following records were examined during the inspection: Copies of maintenance test/inspection service records, maintenance control log-book checks for the building and engineering services, legionellae risk assessment and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 28 January 2015; the completed QIP was returned, and assessed as approved by the care inspector on 20 May 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection dated 04 July 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.(2)	Complete a condition survey of all exterior decorated timber and implement a repair and decorations works programme.	Not Met
	Action taken as confirmed during the inspection: Timber work not redecorated and gutters contain debris/vegetation.	
Requirement 2 Ref: Regulation 27.(2)	Remove ground floor dining/conservatory doorway threshold and install a door saddle which will eliminate/reduce the potential for slips, trips and falls.	Met
	Action taken as confirmed during the inspection: Door saddle installed.	
Requirement 3 Ref: Regulation 27.(2)	Implement improvement works to ensure that the ground floor fire exit ramp is constructed in accordance with Building Regulations guidelines.	Met
	Action taken as confirmed during the inspection: Ramp constructed.	
Requirement 4 Ref: Regulation 27.(2)(s)	Draft a business continuity plan for implementation to safeguard the health, safety and welfare of patients during potential space heating boiler failures.	Met
	Action taken as confirmed during the inspection: Two boilers installed to replace defective boiler.	

Requirement 5 Ref: Regulation 14.(2)(c)	Maintain a schedule of electrical equipment utilized on the premises and implement equipment inspection procedures compliant with the Electricity at Work Regulations. Action taken as confirmed during the inspection: Schedule maintained	Met
Requirement 6 Ref: Regulation 14.(2)(c)	Identify asbestos containing material (a.c.m.) by affixing warning labels and providing notification of location of a.c.m. to contractors and maintenance personnel. Action taken as confirmed during the inspection: Survey completed; no a.c.m. on premises.	Met
Requirement 7 Ref: Regulation 14.(2)(c)	Submit for RQIA estates inspector examination gas supply service storage tank and associated service pipework installation certificate. Action taken as confirmed during the inspection: Submitted certificate.	Met
Requirement 8 Ref: Regulation 14.(2)(c)	Submit for RQIA estates inspector examination the Gas Safe Engineer installation certificate for kitchen gas cooker. Action taken as confirmed during the inspection: Submitted certificate.; last certificate dated 01 September 2014	Met
Requirement 9 Ref: Regulation 14.(2)(c)	Submit to RQIA Estates inspector a copy of LOLER Regulation 9 verification compliance certificate. Action taken as confirmed during the inspection: LOLER certificate dated 09 February 2015 reviewed.	Met

Requirement 10 Ref: Regulation 27.(a)(a)	Implement management controls to maintain fire safety standards prior to the completion of structural fire safety improvement works required by HTM84 risk assessor.	Met
Action taken as confirmed during the inspection: Controls implemented; Fire risk assessment review completed 28 April 2015.		
Requirement 11 Ref: Regulation 27.(4)(d)	Install a self-closer device on smoker room door.	Met
Action taken as confirmed during the inspection: Completed.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.1	Corridor carpet floor finishes require commercial cleaning; if stains cannot be removed then replacement floor covering should be installed.	Partially Met
Action taken as confirmed during the inspection: Ground floor soiled coverings replaced, First floor coverings require attention.		
Recommendation 2 Ref: Standard 32.1	Install surface protection to doors, door frames, architraves and skirtings where deemed likely to sustain surface damage as a result of impact with hoists and wheelchairs.	Not Met
Action taken as confirmed during the inspection: Works not completed		
Recommendation 3 Ref: Standard 32.1	Inspect all bath/shower accommodation; implement a planned refurbishment to ensure that all surfaces are maintained clean and hygienic at all times.	Partially Met
Action taken as confirmed during the inspection: Partial completion; first floor refurbishment to be implemented.		

5.3' Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documents related to the maintenance of the premises was presented for review during this Estates inspection. This documentation included inspection/test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

(A number of issues were identified for attention during this Estates inspection; and are detailed in the 'areas for improvement' section below.)

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

(A number of issues were identified for attention during this Estates inspection and are detailed in the 'areas for improvement' section below.)

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

A number of wall tiles were cracked in the bathroom adjacent bedrooms 9 and 13 on the ground floor. Floor vinyl finish was torn under the bath.

Reference Quality Improvement Plan Requirement 1

Double glazed units were cracked at first floor bedrooms 25 and 26. This issue was raised during the previous RQIA care inspection.

Reference Quality Improvement Plan Recommendation 1

Bedroom 22 wall finish is in poor condition and requiring refurbishment.

Reference Quality Improvement Plan Requirement 2

First floor corridor carpet is deteriorating and is in need of replacement.

Reference Quality Improvement Plan Requirement 2

First floor lounge/dining area wall and floor finishes are damaged as a result of impact with wheelchairs/hoists etc.

Reference Quality Improvement Plan Requirement 2

First floor external escape stairway upper landing is covered in algae and needs cleaned/power washed. Informed by telephone call 03 August 2015 works complete.

Gas tank compound is over grown with weeds, etc.
Reference Quality Improvement Plan Requirement 3

Some doors frames and architraves require protection from damage as a result of impact with wheelchairs/hoists etc.
Reference Quality Improvement Plan Recommendation 2

Number of Requirements	3	Number Recommendations:	2
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documents relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

(Several issues were identified for attention during this Estates inspection and are detailed in the 'areas for improvement' section below.)

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

(There were no issues identified for attention during this Estates inspection.)

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

The legionella risk assessor was on site from 24 to 26 June 2015; the legionella risk assessment report has not yet been made available for examination. Legionella Risk Assessment Report submitted by e-mail 04 August 2015; action plan implementation verification required.
Reference Quality Improvement Plan Requirement 4.

The passenger lift Lifting Operations and Lifting Equipment Regulation (LOLER) 9 thorough examination report dated 12 September 2014 was examined and it was noted that a number of other defects had been listed for repair. The same observations and recommendations were listed on the 12 March 2015 LOLER Regulation 9 examination report.
Reference Quality Improvement plan Requirement 5.

The annual service inspection certificate for the medical equipment was not presented for examination.

Reference Quality Improvement Plan Requirement 6.

Number of Requirements	3	Number Recommendations:	0
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises including: a fire detection and alarm system; emergency lighting; first aid fire-fighting equipment; structural fire separation and protection to the means of escape. This supports the delivery of safe care.

(There were no issues identified for attention during this Estates inspection.)

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

(There were no issues identified for attention during this Estates inspection.)

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

The fire risk assessment was completed on 28 April 2015; verification is required to confirm that all recommendations on the works action plan are implemented or arrangements scheduled for future implementation. Informed 3 August 2015 works complete.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

The fire risk assessment was undertaken by an accredited fire risk assessor, complying with the current RQIA recommendations relating to fire safety.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paul McElholm (Maintenance Supervisor) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulations 27.(2)(b) &(d) Stated: First time To be Completed by: 26 October 2015	Refurbish the ground floor bathroom adjacent bedrooms 9 and 13. Wall and floor finishes are to be upgraded. Response by Registered Manager Detailing the Actions Taken: Bathroom to be refurbished - replace tiling, decorate and new vinyl.
Requirement 2 Ref: Regulations 27.(2)(b) &(d) Stated: First time To be Completed by: 26 October 2015	Undertake a condition survey for all floor and wall finishes; establish a works action plan to replace and refurbish wall and floor finishes in accordance with a pre-programmed works schedule. Response by Registered Manager Detailing the Actions Taken: Survey has been carried out by Estates Manager along with Contractor Room 22 has now been painted. First Floor corridor carpet to be replaced. First Floor lounge and dining room walls - painting to be touched up by Maintenance Operative. Stained vinyl flooring to be thoroughly cleaned. We do anticipate that the timescales set will be met
Requirement 3 Ref: Regulation 14.(2)(c) Stated: First time To be Completed by: 02 September 2015	Remove vegetation growth from gas tank compound. Response by Registered Manager Detailing the Actions Taken: All vegetation has been removed from gas tank compound
Requirement 4 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time To be Completed by: 16 September 2015	Submit verification that the legionella risk assessment works action plan recommendations are either implemented or scheduled for completion, listing proposed completion dates. Response by Registered Manager Detailing the Actions Taken: Risk assessment and actions have been forwarded to RQIA. Estates level actions have been logged with helpdesk for completion by contractor. Home level actions being completed as per policy.

<p>Requirement 5</p> <p>Ref: Regulations 14.(2)(a),(b) & (c)</p> <p>Stated: First time</p> <p>To be Completed by: 16 September 2015</p>	<p>Submit verification that the "other defects" listed in the last two consecutive LOLER thorough examination reports have received due health and safety assessment, and that controls are implemented to eliminate any subsequent health and safety risk.</p> <p>Response by Registered Manager Detailing the Actions Taken: All defects have been completed and in working order date which of completed works was 12/08/2015</p>		
<p>Requirement 6</p> <p>Ref: Regulations 14.(2)(a),(b) & (c)</p> <p>Stated: First time</p> <p>To be Completed by: 02 September 2015</p>	<p>Submit verification that all medical equipment has received annual service inspection in accordance with statutory requirements.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has now all been serviced and certificate forwarded to RQIA</p>		
<p>Recommendations</p>			
<p>Recommendation 1</p> <p>Ref: Standard 44.1</p> <p>Stated: Second time</p> <p>To be Completed by: 26 October 2015</p>	<p>Replace cracked double glazed window units at bedrooms 25 and 26.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has been logged with helpdesk and awaiting works to be carried out</p>		
<p>Recommendation 2</p> <p>Ref: Standard 44.1</p> <p>Stated: Second time</p> <p>To be Completed by: 26 October 2015</p>	<p>Install protective surface finishes on doors, frames and architraves deemed to be at high risk of sustaining impact damage due to wheelchairs and hoists traffic.</p> <p>Response by Registered Manager Detailing the Actions Taken: This will be considered. However we will take action to rectify damaged paintwork.</p>		
<p>Registered Manager Completing QIP</p>	<p>Ailish Devlin</p>	<p>Date Completed</p>	<p>17/09/2015</p>
<p>Registered Person Approving QIP</p>	<p><i>[Signature]</i></p>	<p>Date Approved</p>	<p>19/09/15</p>
<p>RQIA Inspector Assessing Response</p>	<p><i>[Signature]</i></p>	<p>Date Approved</p>	<p>6/10/15</p>

* additional clarification required on some items