



Unannounced Care Inspection Report 7 October 2020



Marina Care Home

Type of Service: Nursing Home (NH)
Address: Shore Road, Ballyronan, BT45 6JA
Tel No: 028 7941 8770
Inspector: Mandy Ellis

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Briege Agnes Kelly	Registered Manager and date registered: Una McTaggart 11 November 2016
Person in charge at the time of inspection: Una McTaggart registered manager	Number of registered places: 33 There shall be a maximum of 2 named residents receiving residential care. 1 named patient in category NH-LD (E).
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 7 October 2020 from 09.40 hours to 15.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Marina care home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2*	2

*The total number of areas for improvement includes one area under the regulations which was not reviewed as part of this inspection and is carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Una McTaggart, registered manager and Briega Kelly, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with four patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients/relatives questionnaires were left for distribution. A poster was displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

Seven completed questionnaires from patients were received all with positive feedback. This information was shared with the manager. No responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 28 September 2020 to 11 October 2020
- the home's registration certificate
- three patients' care records
- five patients' supplementary care charts
- two staff recruitment files
- complaints records
- incident and accident records
- staff training records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. One area for improvement is carried forward for review at a future inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: Second time	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to wound care:</p> <ul style="list-style-type: none"> • When recommendations have been made from other professionals regarding the type of dressing and frequency of dressing renewals this must be reflected within current care plans and wound care documentation • Recording charts must be clearly printed to ensure accurate documentation of the location and nature of the wound • Appropriate and timely referrals are made when it has been established that a wound is not healing 	Met
	<p>Action taken as confirmed during the inspection: Review of two patient wound care records evidenced accurate and consistent dressing regimes. Wound care plans were up to date and detailed; the plan of care reflected professional recommendations from the tissue viability nurse where appropriate. Body maps and photographs of the wounds were evident in the records reviewed.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and that equipment is stored appropriately.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are stored securely at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The treatment room was found secured and locked when not in use.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire exits are kept clear and free from obstruction.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Fire exits and corridors were observed clear and free from obstruction.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> • The outcome of Environmental/IPC audits are actioned in a timely manner • Wound care audits are carried out to ensure that wound care management is appropriate to the patient's needs. • The NMC/NISCC checks that are completed on a monthly basis by the administrator are reviewed by the manager. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Environmental audits were reviewed and actioned in a timely manner. A separate wound care file has been established. Wound audits are completed regularly and actions taken as appropriate following findings. The record of NMC and NISCC registration status of staff was reviewed; these checks are carried out monthly and are signed by the registered manager.</p>	
<p>Area for improvement 2 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that the patient dependency levels are kept under review to ensure staffing arrangements in the home meet patients' assessed needs.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the manager confirmed patient dependency levels are kept under regular review. Discussion with staff and a review of the duty rota evidenced the appropriate levels of staff were on duty to meet the assessed needs of the patients.</p>	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home and staff were observed attending to patients' needs in a prompt and timely manner.

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period from 28 September 2020 to 11 October 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they liked coming to work. They also felt supported by the manager.

Comments made by staff included:

- "I like it here."
- "the manager is approachable, her door is always open."

6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on Covid-19. All visitors, including the inspector, had a temperature check on arrival at the home.

Visiting has been temporarily suspended due to the increase in COVID - 19 in the community; patients are keeping in touch with loved ones via the telephone or by means of video calls.

Staff were observed to use PPE appropriately. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. Vinyl gloves were observed in use for patient care; this was discussed with the manager for action as vinyl gloves are not recommended and are less effective in the clinical setting than other latex type gloves. The manager agreed to address this issue.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was fresh smelling throughout. The patients' bedrooms which were viewed were clean, warm and had been personalised with items that were meaningful to individual patients. We found corridors and fire exits were clear and unobstructed.

Confidential information regarding patients assessed needs was observed displayed on the wall within patients' bedrooms. This was discussed with the manager who agreed to action and remove this information. An area for improvement was made.

It was observed in several patients' bedrooms that there was no call bell available. This was discussed with the manager and an area for improvement was made.

The housekeeping records were reviewed and discussion with the domestic staff on duty confirmed enhanced touch point cleaning was maintained daily in addition to the regular cleaning schedule.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounge had been arranged in such a way as to allow adequate social distancing.

The home had established a COVID- 19 resource file; this file contained up to date guidance, resources and useful contacts for staff.

Patients had a twice daily temperature check; a record of this was maintained. Staff had a temperature check prior to commencing their shift.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner.

The patients we met with spoke positively about their care in the home, how well they were looked after by the staff and how they enjoyed the food. They told us:

- "The food is very good."
- "I am well looked after."
- "The staff are good to me."
- "The girls (carers) are good."

We observed the serving of the lunch time meal. The daily menu was displayed and reflected the food on offer. We observed that the food provided was well presented and smelled appetising; and the staff were helpful, attentive and wore the appropriate PPE. Due to efforts to adhere to social distancing, patients ate their lunch in the lounge area or in their bedrooms.

Review of three patients' care records evidenced individualised comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Five supplementary care records which included food and fluid intake charts were also completed accurately.

Review of two patient's post fall observation records following an unwitnessed fall did not include consistent recording of neurological observations for the recommended timeframe of at least 24 hours post fall. This was discussed with the manager and an area for improvement was identified.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included falls, wound care. Hand hygiene and environmental audits. These audits included the development of action plans to address identified deficits.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

Staff training records were reviewed and the manager commented how the staff had benefited from additional training provided in the last few months in response to the COVID – 19 pandemic. The records reviewed confirmed that staff were up to date in their mandatory training requirements.

Areas of good practice

Areas of good practice were identified in relation to staffing, staff training, treating patients with respect and kindness, individualised comprehensive care plans and risk assessments and governance arrangements.

Areas for improvement

Areas requiring improvement were identified in relation to ensuring patients have access to call bells, patient confidentiality and carrying out neurological observations.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

On the day of the inspection patients were observed to be well cared for, content and settled in the home. Staff treated them with kindness and compassion; staff were timely in responding to their individual needs. The environment was clean and tidy and effective IPC measures were maintained.

Three new areas for improvement were identified as outlined in this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Una McTaggart, Registered Manager and Brieghe Kelly, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and that equipment is stored appropriately.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that neurological observations are consistently carried out and clearly recorded following a fall for at least 24 hours post fall. Any deviation from this and the rationale for such should be clearly documented.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: All nurses have had supervision done on the importance of consistently carrying out neurological observations for at least 24 hours.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 5 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that any confidential information regarding patients' assessed needs is not displayed on bedroom walls.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: All signs in bedrooms relevant to individual care has been removed</p>

<p>Area for improvement 2</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients have access to a call bell in their bedroom.</p> <p>If a patient is unable to summon assistance in this way this should be clearly documented in their individual care record.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Any resident that has a risk assessment in their careplans where it is deemed unsafe for them to have a call bell are on checks e.g. 30 minutes or hourly checks depending on their individual needs.</p>

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



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