

Inspection Report

21 September 2021



Marina Care Home

Type of service: Nursing (NH)
Address: Shore Road Ballyronan BT45 6JA
Telephone number: 028 7941 8770

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Mrs Briega Agnes Kelly	Registered Manager: Mrs Una McTaggart Date registered: 11 November 2016
Person in charge at the time of inspection: Staff Nurse Mary Taylor	Number of registered places: 33 There shall be a maximum of 1 named residents receiving residential care in category RC-I. 1 named patient in category NH-LD (E).
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 33 patients. Patient bedrooms are located over the two floors. Patients have access to communal lounges, a dining room and outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2021, from 9.50 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Three new areas for improvement were identified in regard to the professional registration of staff, patient repositioning and activity records.

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

Comments received from patients and staff are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Marina Care Home was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Briega Kelly, Responsible individual at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with five patients and eight staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients expressed no concerns about the care they received and confirmed all the staff were very good. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. One patient told us "I am settled here, everyone is lovely". Staff said that teamwork was good and everyone works well together, the Manager was very approachable and that they felt well supported in their role.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 7 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 Stated: Second time	<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 inspection</p>
	<p>Action taken as confirmed during the inspection: A review of the environment confirmed the infection prevention and control issues had been appropriately addressed. Equipment was observed stored in a bathroom that was not used by patients.</p> <p>This was discussed and the Responsible Individual who agreed to review the use of rooms within the home and submit a variation to RQIA if required. Therefore, this area for improvement will be carried forward for review at the next inspection.</p>	
Area for Improvement 2 Ref: Regulation 13 (1) Stated: First time	<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>Met</p>
	<p>Action taken as confirmed during the inspection: A review of care records evidenced this area for improvement has been met.</p>	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 5 Stated: First time	The registered person shall ensure that any confidential information regarding patients' assessed needs is not displayed on bedroom walls.	Met
	Action taken as confirmed during the inspection: Confidential information was still evident in a number of bedrooms; however, this was removed and placed in a more appropriate place by the end of the inspection.	
Area for improvement 2 Ref: Standard E8 Stated: First time	The registered person shall ensure that patients have access to a call bell in their bedroom. If a patient is unable to summon assistance in this way this should be clearly documented in their individual care record.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job and a system was in place to ensure that staff completed their training.

Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC), but the checking of care staff registrations with the Northern Ireland Social Care Council (NISCC) was not consistently done.

Assurance received from the Responsible Individual after the inspection confirmed all care staff are appropriately registered with NISCC and they are assisting new staff in progressing their application for registration. An area for improvement was identified.

Staff said there was good teamwork in the home and that they felt well supported in their role.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not identify the person in charge when the Manager was not on duty. This was discussed with the Responsible Individual and was addressed immediately.

It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. It was observed the monthly review of care plans and risk assessments could be improved by reviewing the care in a more meaningful patient centred way; this was discussed with the nursing staff who agreed to action.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. It was also observed that the mattress in use on an identified patient's bed was incorrectly set. An area for improvement was identified.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Patients who required care for wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds, for example, the Tissue Viability Nurse, and were following any recommendations made by these professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. A valid fire risk assessment was available for review.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished. There was a range of activities provided for patients by activity staff. The range of activities included social, cultural, religious, spiritual and creative events. Individual records were kept of the activities the patient engaged in; but gaps were observed in the documentation and the quality of the records reviewed. This was discussed with the Responsible Individual and an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance.

Messages of thanks including any thank you cards were kept and shared with staff.

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.

The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The home was clean, tidy and well maintained.

Three new areas for improvement were identified in regard to the professional registration of staff, patient repositioning and activity records.

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe, effective care in a caring and compassionate manner; and that the service is well led by the Manager.

Thank you to the patients, relatives and staff for their assistance and input during the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	3*	1

*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 were discussed with Mrs Briega Kelly, Responsible Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Progress has been made from last Care Inspection e.g. A new container was purchased to store infrequently used equipment Due to more residents with complex needs the company has purchased additional equipment. Consideration will be given to change of use of a room in the home pending a Variation application being approved by the RQIA.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a robust system is in place to regularly monitor staff registration with NISCC within the required time frame.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Our HR staff has and will continue to do regular monitoring of staff registration with NISCC however we are experiencing increasing problems with NISCC & irregularities with their records on their online portal. We have contacted NISCC both by telephone & by email to address problems experienced. We are awaiting a response.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. <p>Ref: 5.2.2</p>
<p>Response by registered person detailing the actions taken: We have reminded all staff the importance of adhering to the prescribed care and of the importance of keeping accurate records of this. We have highlighted to all staff the importance of continuous checking of settings on pressure relieving mattresses motors.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2021</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to ensure a contemporaneous record of activities delivered, patient engagement and participation is retained.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Activity records are updated to ensure a contemporaneous record is recorded demonstrating patient involvement/engagement.</p>

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