



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Marina Care Home
RQIA Number:	1423
Date of Inspection:	28 January 2015
Inspectors' Names:	Aveen Donnelly & Lorraine Wilson
Inspection ID:	21144

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Marina Care Home
Address:	Shore Road Ballyronan BT45 6JA
Telephone Number:	02879418770
E mail Address:	Marina.Manager@hc-one.co.uk
Registered Organisation/ Registered Provider:	Paula Keys HC-One Ltd
Registered Manager:	Ailish Devlin
Person in Charge of the Home at the Time of Inspection:	Ailish Devlin
Categories of Care:	RC-MP(E), RC-I, NH-I
Number of Registered Places:	42
Number of Patients Accommodated on Day of Inspection:	4 residents 20 patients (one in hospital)
Scale of Charges (per week):	Trust rates
Date and Type of Previous Inspection:	22 July 2014 Announced Primary Care Inspection
Date and Time of Inspection:	28 January 2015 10:00 – 15:20
Names of Inspectors:	Aveen Donnelly and Lorraine Wilson

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

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

- Discussion with the registered nurse manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Discussion with two visiting relatives
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of infection control records - hand hygiene audits, decontamination records and mattress audits
- Review of staff training records pertaining to infection control, food hygiene and continence care
- Review of patients with wounds and urinary catheters
- Review of the regulation 29 visits completed on behalf of the responsible individual
- Review of cleaning schedules – daily, weekly and monthly
- Review of environmental audits

- Review of a sample of care plans
- Review of the complaints records
- Evaluation and feedback
- Examination of all areas of the home, with the exception of the kitchen.

1.3 Inspection Focus

RQIA undertook this inspection following a review of issues identified from information that was shared with RQIA.

It is not in the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of any breach of regulations or associated standards, it will review the issues and take whatever appropriate action is required.

On this occasion an inspection of the home was undertaken.

Concerns identified were as follows:

- cleanliness and condition of the premises
- infection prevention and control
- food hygiene
- complaints recording and management

In addition, this inspection also sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard 19 – Continence Management and to assess progress with the issues raised during and since the previous inspection:

Standard 19 – Continence Management - Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Marina Care Home is a two storey building situated on an attractive site in the village of Ballyronan. There are beautiful views of Lough Neagh and Ballyronan Marina. The home is owned and operated by HC-1. The registered manager is Ailish Devlin. The home is entered via a small reception area, which leads to a large lounge and dining area. There are two conservatories on the ground floor and a second smaller lounge to the rear of the building, with a third lounge located on the first floor. Bedrooms comprise of single and double rooms and are located on both floors. Bathrooms and toilets are located throughout the home. Catering and laundry facilities are provided.

Car parking is available at the front of the home.

The home is registered to provide care for a maximum of forty two persons under the following categories:

Nursing Care (I)	Old age not falling into any other category
Residential Care (I)	Old age not falling into any other category
Residential Care MP (E)	Mental disorder excluding learning disability or dementia - over 65 years

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Marina Care Home. The inspection was undertaken by Aveen Donnelly and Lorraine Wilson on 28 January 2015 from 10:00 to 15:20. The inspectors were welcomed into the home by Ailish Devlin, registered manager, who was available throughout the inspection and received verbal feedback at the conclusion of the inspection.

The focus of the inspection was the DHSSPS Nursing Homes Minimum Standard 19 – Continence Management. The Inspection also sought to assess progress with the issues raised during and since the previous inspection and on issues raised from a complaint that was shared with RQIA. The complaint raised concerns in relation to the cleanliness and condition of the premises; infection prevention and control issues; food hygiene; and the recording and management of complaints.

As a result of the previous inspection conducted on 22 July 2014, two requirements and four recommendations were made. These were reviewed during this inspection. All four requirements have been complied with. A recommendation has been stated for a second time, with regards to the format used to report on the regulation 29 visits. It is recommended that the template used to record these visits is further developed to include a review of staffing levels.

Details can be viewed in the section immediately following this summary.

An incorrect moving and handling technique was observed, indicating that staff training in relation to moving and handling has not been fully embedded into practice. An urgent action letter was issued regarding this practice and a new requirement has been made.

Care practices were deemed to be substantially compliant with Standard 19: Continence management. Practices observed and the care records reviewed supported that patients' continence needs had been met with dignity and respect. A recommendation has been made with regards to the need for additional guidelines on continence care to be made available to staff.

A review of the management of complaints was undertaken. The registered manager acknowledged that verbal complaints were also expressions of dissatisfaction and confirmed that they were not always logged. A recommendation has been made to ensure that all complaints are recorded and that the process used to ascertain the complainant's level of satisfaction is further developed.

One patient was identified as having a diagnosis of dementia. Marina Care Home is not registered to provide care for patients with dementia. This was discussed with the registered manager. Following the inspection, an application to vary the registration of the home was received by RQIA. However, a requirement has been made that the home continues to accommodate patients, within the categories of care for whom they are registered.

A review of daily progress notes identified entries that were inconsistent in recording elimination patterns, referencing the Bristol Stool Chart. A recommendation has been made in this regard.

During the course of the inspection, the inspectors met with patients, two visiting relatives, staff and visiting professionals. The overall comments made by patients and relatives were positive and there were no issues identified during the inspection.

Care practices were observed and a selection of care records were examined. A general inspection of the nursing home environment was undertaken. The information shared with RQIA prior to the inspection, raised concerns with regards to hygiene practices during meal delivery. The inspectors were not able to substantiate this.

The inspectors concluded that at the time of this inspection, the delivery of care was evidenced to be of a good standard. Processes were in place to ensure the effective management of the theme inspected.

The general environment was inspected and a number of areas were identified that were not clean. The findings were discussed with the registered manager who confirmed that a programme of refurbishment was planned. The refurbishment plan was not available for inspection, however it was agreed that this would be submitted to RQIA following the inspection. A requirement with regards to the cleanliness of the home has been made. Incorporated into this requirement is the need for cleaning templates to be further developed, to ensure that traceability is evident for auditing purposes.

One shared room did not have a privacy screen. This was discussed with the registered manager, who provided assurances that this that would addressed immediately. After the inspection, the registered manager confirmed that work is in progress to install this.

A number of issues were identified that posed a risk to cross-contamination of infection. These issues were discussed with the registered manager and a requirement has been made to address them.

In view of the inspection findings, a recommendation has been made with regards to the role and responsibility of the infection control nurse.

The inspectors were able to substantiate elements of the complaint. A number of areas in the home were not clean and posed risks to infection prevention and control. The inspectors also identified that all complaints were not recorded. The inspectors were not able to substantiate complaint information with regards to the management of meals.

As a result of this inspection, four requirements and five recommendations, one of which has been stated for the second time, have been made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank the patients, visiting relatives, visiting professionals, the registered manager and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14 (2) (c)	The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of the patients are identified and so far as possible eliminated.	<p>An incorrect moving and handling technique was observed, indicating that staff training in relation to moving and handling has not been fully embedded into practice.</p> <p>An urgent action letter was issued with regards this practice and a new requirement has been made.</p>	Moving towards compliance
2	29 (3)	The registered person shall ensure that visits under Regulation 29 are undertaken at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.	<p>The reports of the Regulation 29 monitoring visits were reviewed and it was confirmed that they were being completed on a monthly basis.</p> <p>This requirement has been addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that the pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention.	<p>Patient care records reviewed contained details of the specialist pressure relieving equipment to be used when the patient was in bed and sitting out of bed.</p> <p>This recommendation has been addressed.</p>	Compliant
2	5.3	It is recommended that written evidence is maintained in patients and residents care records to indicate that discussions had taken place with patients /residents and their representatives in regard to planning and agreeing nursing interventions.	<p>Care records reviewed indicated that the patients'/relatives' representatives had been consulted in regards to care planning.</p> <p>This recommendation has been addressed.</p>	Compliant
3	11.7	It is recommended that the template used to undertake registered nurses competency and capability assessments be reviewed to include wound management.	<p>The competency assessment tool for registered nurses was provided and included a component on wound management.</p> <p>This recommendation has been addressed.</p>	Compliant

4	25.12	It is recommended that the template of the Regulation 29 visits is further developed to include a review of staffing levels.	<p>A review of three Regulation 29 reports identified that staffing levels had not been reviewed.</p> <p>This recommendation has not been addressed and has been stated for the second time.</p>	Not compliant
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4.1 Follow-Up on any Issues/Concerns Raised with RQIA since the Previous Inspection such as Complaints or Safeguarding Investigations

It is not in the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of any breach of regulations or associated standards, it will review the issues and take whatever appropriate action is required. RQIA undertook this inspection following a review of issues identified from information which had been shared with RQIA.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A review of patients care records confirmed that bladder and bowel continence assessments had been undertaken for all patients. Continence care plans were in place for all patients and included the type of continence products to be used.</p> <p>There was evidence in patients care records that continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans reviewed. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>A review of four patients care records and discussion with patients, evidenced that either patients or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available.</p>	<p>Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:	COMPLIANCE LEVEL
<p>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	
Inspection Findings:	
<p>The inspectors can confirm that the following policies and procedures were in place:</p> <ul style="list-style-type: none"> • HC1 Guidance on Promotion and Management of Continence • Bowel care procedure • Catheter care • Stoma care <p>A resource pack on continence was available to staff for reference. This contained an 'Essential Guide to Continence' (Nursing Standard) and 'Improving Continence Care for Patients' (RCN). It has been recommended that the following guidance documents are sourced and made available to staff:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. <p>Staff confirmed during discussion that they had an awareness of these policies, procedures and guidelines.</p>	<p align="center">Substantially compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not examined</p>	
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager and a review of training records confirmed that all relevant staff were trained and assessed as competent in continence care. Registered nurses had received training in male and female catheterisation and had been deemed competent in this area. There is a continence link nurse in post who liaises with the continence link nurse in the commissioning trust. Continence audits of the management of incontinence are due to commence in February 2015.</p>	<p align="center">Compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Substantially compliant</p>
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6.0 Additional Areas Examined

6.1 Complaints

The management of complaints was discussed with the registered manager and complaints records were reviewed.

Confirmation was provided that there were no ongoing complaints at the time of inspection. Complaints records provided confirmed that one written complaint had been received on 3 November 2014 and a response had been provided by management to the complainant.

There was recorded evidence that an investigation had been completed and the methodology was also recorded. A detailed response had been offered to the complainant. However, there was no evidence of the process used to determine complainant satisfaction following the action taken, nor was the complainant informed of the next steps to be taken, should they remain dissatisfied with the outcome of the investigation. Confirmation was also provided that verbal complaints made to nursing staff would be dealt with by the staff on duty at the time and the registered manager would be advised. Information received by RQIA, prior to the inspection indicated that a complaint had been made to a registered nurse. However, there was no record of this complaint being recorded. The registered manager acknowledged that verbal complaints were also expressions of dissatisfaction which were not always logged. Complaints are one way of improving the service to patients and in accordance with the nursing home standards, and therefore all complaints must be recorded.

Information shared with RQIA prior to the inspection, identified that a complaint had been made to a staff member with regards to the cleanliness of the home. There was no record of this matter in the home's complaints record.

A recommendation has been made to improve the quality of complaints management and recording as highlighted above.

6.2 Staffing

Duty rosters for domestics and laundry staff for the three weeks preceding the inspection were reviewed and found to be satisfactory.

6.3 Staff Training

Discussion with staff confirmed that the majority of training was completed via e-learning and following completion of the training their knowledge was assessed. Training records in respect of infection prevention and control; catering and food hygiene; moving and handling and continence care were reviewed. The training statistics with regards to these areas were satisfactory. However, an incorrect moving and handling technique was observed, indicating that staff training in relation to moving and handling has not been fully embedded into practice. An urgent action letter was issued to address this and a requirement has been made to address this.

The registered manager confirmed that there was a number of staff who had recently commenced employment. Plans were in place for these new staff to complete the required training.

The competency assessment tool for registered nurses was reviewed. Competencies included infection control, use of equipment, health and safety, and continence and catheter care.

There is a separate competency assessment tool in place that will be used to assess relevant staff's competence in catheterisation and catheter care. This is commendable practice.

6.4 Care Practices

On arrival, staff were completing the serving of breakfast. There was evidence that patients were being supervised appropriately. Patients looked well cared for and were appropriately clothed. Patients being nursed in bed looked comfortable; those who were able to provide their views of care and treatment were positive in their comments and no concerns were raised during the inspection. Overall, the home was calm and well organised.

One patient was observed shouting loudly in a lounge. Staff confirmed that the patient was always supervised in the lounge area and had a diagnosis of dementia. As the home is not registered to provide care to patients with dementia, this matter was discussed with the registered manager. Following the inspection, RQIA has received an application to vary the registration. However, a requirement has been made to ensure that the home only accommodates patients, within the categories of care for whom they are currently registered.

There was no privacy screen in one shared bedroom. A requirement has been made to address this.

6.5 Meals and Nutrition

The management of the serving of lunch was reviewed. Lunch was served in the dining room and in patients' bedrooms according to individual preference. Dining tables were appropriately set and the meals served were appropriately presented by catering staff that had knowledge of the patients' likes, dislikes and portion sizes required. The daily and weekly menus were displayed on the notice board in the dining room.

Trays were appropriately set for patients who were having meals in their bedroom. Staff were observed providing assistance and support in a discreet and dignified manner and were also observed positively engaging with patients.

During the serving of breakfast and lunch, staff wore protective equipment and practices observed were in keeping with best practice. A positive dining experience for patients was observed. In addition, the home had received a 'Bronze Catering Award' for the standard of the food and this was displayed in the reception area.

Patients consulted confirmed the meals served were tasty and choice was provided. They described the catering and caring staff as very kind and obliging and no concerns were raised.

The information shared with RQIA prior to the inspection, raised concerns with regards to hygiene practices during meal delivery. The inspectors were not able to substantiate this.

6.6 Care Records

A review of four patients' care records identified a person-centred approach to care. There was good evidence of care review audits and re-audits being undertaken. Bowel assessments were recorded. However, the assessments did not consistently reference the Bristol Stool Chart.

A review of daily progress notes identified entries that were inconsistent in recording elimination patterns, referencing the Bristol Stool Chart. A recommendation has been made in this regard.

6.7 Infection Control

There were several guidance documents available for staff reference with regards to infection control and this is commendable. Personal protective equipment stations were suitably positioned in areas throughout the home and were well stocked.

However, the following issues were identified and posed risk of cross-contamination of infection:

- One chest of drawers was marked and could not be effectively cleaned.
- Creams and dressings were being used by patients for whom they had not been prescribed.
- Two alcohol gel dispensers were empty and had not been replenished.
- Two nebuliser masks had not been cleaned after use.
- Four toilet brush holders were dusty and in need of replacement.
- A small number of raised toilet seats were not clean.
- A soiled urinal was observed in one toilet and in other toilet areas plastic jugs were observed sitting on top of the cistern.
- Some bathrooms were being used for storage, including storage of continence products, some of which had been removed from their packaging.
- Paper signage was observed to be un-laminated Bathroom cords were not fully covered in wipeable covering.
- Plastic basins and lids were stored on the floor in the sluice room.
- The flooring was not effectively sealed in the treatment room and in some bedrooms.
- The space behind the washing machines required to be cleaned.
- An ironing board was stored in the staff toilet area.

The information shared with RQIA prior to the inspection raised concerns with regards to the cleanliness of the home. As highlighted above, the inspectors were able to substantiate that there were a number of areas in the home that were not clean. The areas of concern were discussed with the registered manager and a requirement has been made. Refer also to section 6.8 below 'Environment'. A recommendation has also been made with regards to the roles and responsibilities of the infection control link nurse.

One shared room did not have a privacy screen. This was discussed with the registered manager, who provided assurances that this that would addressed immediately. After the inspection, the registered manager confirmed that work is in progress to install this.

6.8 Environment

A tour of the premises was undertaken. A number of issues were identified that posed a risk to cross-contamination of infection. These are outlined in section 6.7 above. The majority of bedrooms were observed to be clean and hygienic. Patient clothing and footwear was observed to be stored appropriately and drawers and wardrobes were well maintained. Carpet fitters were in the home replacing carpet in a number of identified areas.

Equipment used by patients such as fall out mattresses, sensor alarm mats and commodes were in the main suitably maintained. However, in a number of identified areas, the standards of cleanliness and maintenance in the home were not acceptable. This conclusion was evidenced by the following:

- Two bedrooms had cracked glass window panes.
- Slight damage around the edge of the ceiling in one identified bedroom and in the conservatory.
- Malodours which were evident in two bedrooms.
- One fall out mat was worn; the majority of which were being stored under the beds.
- Some walls and wood work were damaged and required repair or repainting.
- Dust was observed in extractor fans.
- Tiles were coming away from the wall in identified areas.
- Radiator covers were damaged and prevented effective cleaning.
- Sealant around sinks in a number of identified areas were soiled and in need of replacement.
- Floor coverings between toilets and tiles were not sealed and cannot be effectively cleaned.
- One toilet area close to the communal lounge is in need of upgrading. The toilet was malodorous, had a cracked toilet seat and there was wall and paint damage present.
- Storage spaces were observed to be cluttered and untidy, in particular, the treatment room, attic spaces and the nurses' station.
- The laundry area was in need of upgrading.

A number of areas throughout the home were in need of upgrading. The issues identified were discussed with the registered manager. It was agreed that one identified toilet area should be prioritised for upgrading. The registered manager confirmed that a programme of refurbishment was planned for the home but the refurbishment plan was not available for inspection. However, it was agreed that this would be submitted to RQIA following the inspection. A requirement has been made to address these matters.

The information shared with RQIA prior to the inspection, raised concerns that the home was not clean and in a state of disrepair. As highlighted above and under section 6.7, the inspectors substantiated that there were areas in the home that were not clean and were in need of upgrading.

6.9 Cleaning Audits

The daily, weekly and monthly cleaning schedules were reviewed, together with environmental audits. Whilst there was evidence that audits of toilet areas were completed, the information provided did not always identify the issues identified during this inspection. In addition, the records reviewed provided no traceability of information, as there was no way of knowing which toilet areas were being referred to.

Daily and weekly audits reviewed were not robustly completed and some of the information recorded was scant.

In accordance with good practice, hand hygiene audits were completed. Mattress audits had not been routinely completed.

The need for robust and traceable monitoring and review of cleaning practices within the home was discussed with the registered manager, to ensure that areas for improvement are being identified and addressed. This matter is incorporated into the requirement regarding the cleanliness of the home.

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ailish Devlin, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Aveen Donnelly
The Regulation and Quality Improvement Authority
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Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Unannounced Secondary Care Inspection

Marina Care Home

28 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager, Ailish Devlin, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (3)	The registered person must ensure that suitable arrangements are in place to provide a safe system for moving and handling patients. Ref 4.0 and 6.3 Follow up on previous issue	One	Staff have been re trained in manual handling and same will be monitored closely.	12 April 2015
2	15 (e)	The registered person must ensure that the home only accommodates patients within the category of care for whom they are registered Ref 6.4	One	a variation form has been submitted for GS.	12 April 2015
3	13 (7)	The registered person must ensure that suitable infection prevention and control arrangements are in place to minimise the risk and spread of infection Ref 6.7 and 6.8	One	Infection control as per HC-One policies and procedures.	12 April 2015
4	27 (2) (b) (d)	The registered person must make suitable arrangements to ensure that the standard and monitoring of cleanliness throughout the home is maintained.	One	Awaiting capex to be released and quotes have been submitted for works Infection control measures in place as per Hc-One policies	12 April 2015

		<p>This must include robust systems and processes that provide traceability and follow up on identified areas.</p> <p>The registered person must ensure that the refurbishment plan is reviewed and revised including realistic and appropriate timescales for the completion of works. A copy of the reviewed plan should be forwarded to RQIA with the completed QIP.</p> <p>Ref 6.7, 6.8 and 6.9</p>		<p>and procedures and same documented.</p>	
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Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.12	It is recommended that the template used to record Regulation 29 visits is further developed to include a section that records staffing levels. Ref 4.0 Follow-up on previous issue	Two	Staffing levels to be monitored and recorded on reg 29 visits.	12 April 2015
2	19.2	The registered person should ensure that the following guidance documents are sourced and made available to staff. <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. Ref 5.0	One	Documents were in place a folder is accessible for all staff in nurses station.	12 April 2015
3	17.6, 17.10 & 17.16	The registered manager should ensure that all complaints are recorded and a process implemented to determine complainant satisfaction with actions taken. Information should also be provided to complainants with regards to the process to follow should they remain dissatisfied. Ref 6.1	One	Complaints to be recorded as per Hc-One policy and procedure.	12 April 2015

4	5.6	<p>The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart, should be recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p> <p>Ref 6.6</p>	One	<p>Bowel Charts are in place and are completed daily. Staff to commence documenting in daily progress.</p>	12 April 2015
5	34.3	<p>The registered manager should ensure that there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures and that the role and responsibility of this person is reviewed, to address the issues identified.</p> <p>Ref 6.7</p>	One	<p>We already have in place an identified nurse for infection control. This is monitored by Home Manager.</p>	12 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Alish Devlin 
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 15/4/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Aileen Donnelly	20/05/15
Further information requested from provider			