



Unannounced Care Inspection Report 29 August 2018



Marina Care Home

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons and residential care for up to three named persons.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Briege Agnes Kelly	Registered Manager: Una McTaggart
Person in charge at the time of inspection: Agnes Jainar, Area Manager	Date manager registered: 11/11/2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 33 comprising: 30 – NH-I There shall be a maximum of 3 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 29 August 2018 from 10.00 to 17.00 hours.

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.

The term 'patient' is used to describe those living in Marina Care Home which provides both nursing and residential care.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to care records, staff induction, infection prevention and control, communication and teamwork.

Areas requiring improvement were identified in relation to fire safety training, training records and pre-employment health assessments.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the 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	0	3*

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Agnes Jainar, area manager at the conclusion of the inspection and by telephone following the inspection with Una McTaggart, registered manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 12 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 12 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 30 patients, two patient representatives and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for nursing and care staff
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records
- three staff recruitment and induction files
- five patient care records
- supplementary care charts for example; repositioning charts
- a selection of governance audits
- complaints records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- annual quality report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the area manager at the conclusion of the inspection and the registered manager by telephone following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 September 2017

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 17 (1) Stated: First time	The registered persons shall ensure that the annual quality audit is completed.	Met
	Action taken as confirmed during the inspection: The annual quality report for 2017 was available and included the findings of the annual quality audit.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39.1 Stated: First time	The registered persons shall develop a formal record of induction for agency staff.	Met
	Action taken as confirmed during the inspection: There was evidence that a formal record of induction had been developed for agency staff.	
Area for improvement 2 Ref: Standard 39.3 Stated: First time	The registered persons shall maintain up to date training records, particularly in relation to fire safety.	Partially met
	Action taken as confirmed during the inspection: A training matrix for 2018 was in place and identified the mandatory and other training completed by each member of staff. However, in respect of fire safety training, there was a discrepancy between the information contained within the training matrix and the signatures of staff attending/ completing training. There was no evidence of the content of the fire safety training. With regard to fire drills, the training matrix corresponded with the signatures of staff that completed the drills. This area for improvement is partially met and will be stated for the second time.	

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the records of the care staffs' registrations with NISCC are available for inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: A process was in place to monitor the registration status of care staff with the NISCC</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 44.5</p> <p>Stated: First time</p>	<p>The registered persons shall review the front door entry system to ensure that the home is secure at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the front door entry system had been conducted and a key pad system had been installed. This was discussed with the registered manager following the inspection who informed us that patients and their families had been consulted and consideration had been given to restriction of movement within the home with particular consideration to current Deprivation of Liberty (DOL) guidance. The keypad system had been linked to the fire alarm system and a release mechanism was in place in the event of a fire.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that a variety of activities are provided within the home, to enhance the social aspect to patient care.</p> <hr/> <p>Action taken as confirmed during the inspection: We were advised that recruitment was underway for an activity therapist to cover maternity leave. In the meantime, there was evidence that care staff provided activities for patients.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 35.18</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the system for managing Chief Nursing Officer (CNO) alerts is further developed to ensure that the system is sufficiently robust.</p> <hr/> <p>Action taken as confirmed during the inspection: There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas from 06 August 2018 to 26 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the home. One patient indicated some delay in accessing nursing staff on occasions. This was brought to the attention of the nurse in charge for follow up as appropriate. Comments received were as follows:

"I have no complaints about the home."

"Everyone is very kind to me."

"The food is good and there is plenty of it."

"Staff are all very good. You couldn't ask for better."

"Sometimes it takes them a long time to come to me."

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of three staff recruitment files evidenced that these were generally maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. There was no evidence that a pre-employment health assessment had been obtained in line with guidance and best practice. An area for improvement has been identified.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to complete training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records evidenced that 14 staff had completed fire safety training provided by the fire risk assessor on 05

March 2018 and further fire safety training had been completed by 26 staff (out of 56) by means of DVD. An area for improvement has been identified.

Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the nurse in charge confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 12 September 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the nurse in charge and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, infection prevention and control and the home's environment.

Areas for improvement

Two areas for improvement were identified in relation to the fire safety training, training records and pre-employment health assessments.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Patients weights were taken at least monthly and the manager conducted a monthly audit. There was evidence of prompt referral to the dietician and other relevant professionals as appropriate. Care plans were in place and reviewed regularly for patients with acute infections and there was evidence of prompt referrals made to the GP. There was evidence of risk assessments and care plans in place for pressure ulcer prevention or treatment in accordance with best practice guidance.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of care records and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

There were systems in place to obtain the views of patients and their representatives on the running of the home. A patients/relatives meeting was held monthly/bi-monthly and minutes of the patients/relatives meeting held on 28 August 2018 were available. A copy of the 2017 annual quality report was available. No areas for improvement were identified.

Consultation with the majority of patients individually confirmed that living in Marina was a positive experience.

Comments received were as follows:

"I like it well here."

"I have no complaints."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two relatives stated that they were very satisfied with the care provided within the home. No questionnaires were completed by relatives.

Staff were asked to complete an online survey and four staff responded. All staff indicated their satisfaction that the care provided to patients was safe, effective, and compassionate and that the home was well led. Comments received from staff were as follows:

- “I feel that the Marina care home has improved rapidly since our home manager has taken over.”
- “Our staff within the care home all get along very well and try to give the residents a laugh as well as tending to all their personal needs.”
- “This is a very well run care home and personally I have one disadvantage and it would be the lack of activities for the residents. We need a good lively enthusiastic activities co-coordinator to bring these needs to the care home, and this is being advertised at the minute.”
- “I enjoy working within Marina Care Home, Staff get along very well.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of patients’ needs, wishes and preferences; patient and staff interactions.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds and weight loss occurring in the home.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Discussion with the nurse in charge and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Agnes Jainar, Area Manager, at the conclusion of the inspection and Una McTaggart, registered manager, by telephone following the inspection, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that a record is kept in the home of all training completed by staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event • the date of the training • the name and qualification of the trainer or training agency and • the content of the training programme. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A revised training record is now in place where it clearly stated the name of staff attending, their signature, date of the training and qualification of the trainer. A copy of the content of the training programme is also attached in the training folder.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that before making an offer of employment a pre-employment health assessment is obtained in line with guidance and best practice.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A revised job application pack that includes a Pre-employment health assessment for all applicants is now in place and obtained prior of making an offer of employment.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 48.6</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that all staff have training in the fire precautions to be taken in the home, including the action to be taken in the case of fire. This training should be provided by a competent person at the start of employment and is repeated at least twice every year, with at least one of these sessions being face to face.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff are reminded of the importance of attending yearly mandatory Fire training. New employees were instructed to watch the Fire Awareness including Fire Drill and Evacuation DVD prior commencing employment and were instructed to attend the face to face training which is conducted by a competent person in 2 sessions in a yearly basis.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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