

Inspection Report

15 November 2022



Marina Care Home

Type of service: Nursing
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: Burnview Healthcare Ltd	Registered Manager: Mrs Una McTaggart
Registered Person: Mrs Briege Agnes Kelly	Date registered: 11 November 2016
Person in charge at the time of inspection: Mrs Una McTaggart	Number of registered places: 32
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: 28
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 15 November 2022, from 9.30 am to 4.45 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.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Four new areas for improvement were identified during the inspection and are detailed throughout the report and in the Quality Improvement Plan (QIP) in Section 6.0.

RQIA were assured that the delivery of care and service provided in Marina Nursing 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, their relatives or visitors 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 Una McTaggart, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 13 patients, eight staff and two relatives. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Marina Care Home. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Patients described the staff as "lovely", "great" and "very good". Patients also told us they were quite content and liked it here in the home. One patient told us "this is a good home and the food is lovely" and a relative shared "I have no issues with the home, we are very happy".

Three completed questionnaires were returned within the allocated timeframe; two from patients and one from a relative. All the questionnaires provided positive feedback with the following comments included; "I am satisfied", "The care is all good", "This is a good home, the staff are kind and the rooms are neat and tidy and I can bring my own stuff from home".

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 15 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 21 (5) (d) (i) Stated: First time	The registered person shall ensure a robust system is in place to regularly monitor staff registration with NISCC within the required time frame.	Not met
	Action taken as confirmed during the inspection: A robust system is not in place to monitor care staff registration with their professional body (NISCC). This area for improvement has not been met and is stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Review of records did not evidence patients were repositioned as prescribed nor were the repositioning records comprehensively maintained. However, pressure relieving mattresses were observed to be set correctly.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A new activity staff member has been recruited but has not commenced employment in this role yet. Therefore, to give the staff member time to familiarise themselves with the role and expectations, this area for improvement has been carried forward for review at the next care inspection.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

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

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due.

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, further review of the staff matrix identified a staff member who had not registered with NISCC within the allocated timeframe. This was highlighted to the Manager for her appropriate action, an area for improvement was stated for a second time and a further new area for improvement was identified in regard to supporting care staff to timely register with their professional body.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted. Some staff told us that at times the home is short staffed mostly due to short notice sickness; however, staff confirmed that every effort is made to try and get cover and that all the staff work well together at times when they are short staffed.

Staff also said they felt well supported in their role and were satisfied with the level of communication between staff and management.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff confirmed they met at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. However, the care records did not evidence that they were rewritten regularly to ensure they remained current to the patients presenting care needs, an area for improvement was identified.

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.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. Furthermore; repositioning records did not clearly detail the care delivered. An area for improvement was stated for a second time.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of records and discussion with the Manager 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.

Discussion with staff highlighted that the dining room downstairs was rarely used; we discussed this with the Manager who agreed to review the use of the dining room for meals. The food served at lunch time was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. The patients commented positively about the food.

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

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

A number of bed rail protectors were observed worn; this was discussed with the Manager who agreed to replace them. Written confirmation was received after the inspection that the bed rail protectors had been replaced.

We observed thickening agents in an unlocked cupboard in the downstairs dining room; thickening agents should be kept secured when not in use; an area for improvement was made.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choice to patients throughout the day which included preferences for getting up and going to bed; what clothes they wanted to wear; food and drink options; and where and how they wished to spend their time.

Patients were observed listening to music, chatting with staff, reading or watching TV. The Manager advised the home has recently recruited a new activity staff member but they had not commenced and was working in another role within the home. The inspector spoke with the staff member and listened to their plans for the role. An area for improvement was carried forward, to give the staff member time to commence post and to implement a full structured activity programme for the 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 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. Review of the care record audits did not evidence that all the required actions from the audit had been completed; an area for improvement was identified.

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 incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A review of records in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. 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 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	4*	3*

*the total number of areas for improvement includes two Regulations that have been stated for a second time and one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Una Mc Taggart, Manager, 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 21 (5) (d) (i)</p> <p>Stated: Second 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: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: We have devised a more robust checking system which will assure the accuracy that all Healthcare Staff are on the NISCC register within the timescale. Presently all staff are registered or are with NISCC (application in progress).</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Second 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. <p>Ref: 5.1 and 5.2.2</p>

	<p>Response by registered person detailing the actions taken: Marina residents do not have pressure sores due to lack of repositioning which indicates that their individual prescribed turning regime is adhered to. Unfortunately entries on our documentation had not always been completed by Healthcare Staff. All staff have been reminded of the importance of documenting when a resident has been repositioned & the prescribed frequency is shown on all turning charts.</p>
<p>Area for improvement 3 Ref: Regulation 21 (5) (d) (i) Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure there is a robust system in place to ensure staff are supported to achieve timely registration with their professional body. This is specifically in relation to care staff registration with NISCC.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Director coupled with HR has devised a robust system to check that all Healthcare staff are registered with NISCC within the timescale.</p>
<p>Area for improvement 4 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored at all times when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Clinical supervision on the proper storage of thickening agents are ongoing within the team to reiterate the importance of this.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for Improvement 1 Ref: Standard 11 Stated: First time</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: 5.1</p>

<p>To be completed by: 31 December 2022</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2022</p>	<p>The registered person shall ensure patient care plans are reviewed and regularly rewritten to ensure they reflect the patients current care needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Home Manager has reminded all registered nurses the importance of up to date accuracy on any changes in care plans and that each individual residents care plan should be re-written at least annually. A care plan audit will be allocated to the Charge Nurse/Sister to evident that this is working.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2022</p>	<p>The registered person shall ensure action plans from the care record audits evidence the person responsible for completing the action and further follow up to ensure the actions have been completed.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Monthly Care plan audits will be shared withing the Nursing Team for any omissions, or updates, or necessary changes. This will be used as a learning tool going forward.</p>

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