



Unannounced Follow Up Care Inspection Report 6 November 2019



Marina Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Briege Agnes Kelly	Registered Manager and date registered: Una McTaggart 11 November 2016
Person in charge at the time of inspection: Justyna Gawell, registered nurse 06.45 – 08.00 Una McTaggart, registered manager, 08.00 – 12.40	Number of registered places: 33 There shall be a maximum of 3 named residents receiving residential care. 1 named patient in category NH-LD (E).
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 29

4.0 Inspection summary

An unannounced inspection was undertaken on Wednesday 6 November 2019 from 06.45 to 12.40 hours in response to information received by RQIA. The issues raised were in relation to inadequate staffing levels at night. Whilst the concern was unsubstantiated there was evidence that the home were recruiting for a number of staff vacancies. Details of areas for improvement identified during the inspection are included within the main body of this report.

It is not the remit of RQIA to investigate whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- environment
- care records
- care practices including the provision of personal care.

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	*4	*2

*The total number of areas for improvement includes two regulations and one standard which have been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed 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 5 & 8 August 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 5 & 8 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

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 and finance inspection
- the registration status of the home
- written and verbal communication received since the previous inspection
- the previous record of care and finance inspection.

The following records were examined during the inspection:

- duty rota for all staff from 21 October 2019 to 10 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- three patient care records
- one staff recruitment and induction file
- a sample of governance audits and records
- a sample of care charts including food and fluid intake charts and repositioning charts
- monthly monitoring visits from September 2019.

Areas for improvement identified at the last care inspection were reviewed and assessed as either met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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

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 21 Stated: Second time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to: <ul style="list-style-type: none"> • storage of food thickening agents and denture cleansing tablets. 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of care records evidenced that this area for improvement had been met and was being monitored daily.	
Area for improvement 3 Ref: Regulation 27 Stated: First 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.	Partially met

	<p>Action taken as confirmed during the inspection: Review of the environment evidenced that infection prevention and control issues identified, during the previous inspection, had not been fully addressed. This is discussed further in 6.2.4.</p> <p>Therefore this area for improvement is stated for a second time.</p>	
<p>Area for improvement 4 Ref: Regulation 27 Stated: First time</p>	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of walls, doors and floor coverings in multiple rooms.</p> <p>A refurbishment plan must be completed and returned with the QIP.</p> <p>Action taken as confirmed during the inspection: The inspector received a copy of the refurbishment plan on 30 September 2019 and confirmed during the inspection that this area for improvement had been met.</p>	Met
<p>Area for improvement 5 Ref: Regulation 13 (1) (a) Stated: First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to wound care:</p> <ul style="list-style-type: none"> • When recommendations have been made from other professionals regarding the type of dressing and frequency of dressing renewals this must be reflected within current care plans and wound care documentation • Recording charts must be clearly printed to ensure accurate documentation of the location and nature of the wound • Appropriate and timely referrals are made when it has been established that a wound is not healing 	Partially met

	<p>Action taken as confirmed during the inspection: Review of patient care records evidenced that this area for improvement had not been fully met. This is discussed further in 6.2.3. Therefore this area for improvement is stated for a second time.</p>	
<p>Area for improvement 6 Ref: Regulation 13 (1) (a) Stated: First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans, recording charts and daily records:</p> <ul style="list-style-type: none"> • Care plans and recording charts should include recommended set fluid targets • Action taken must be documented within daily records when recommended fluid targets have not been maintained • Where a patient has been repositioned the frequency should be recorded on the chart and reflect the current care plan, state the intervention on each repositioning and the condition of the patient's skin. 	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of supplementary charts and care records evidenced that this area for improvement had been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 11 Stated: First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p>	Met
	<p>Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.</p>	
<p>Area for improvement 2 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home. The registered manager must ensure:</p>	Partially met

	<ul style="list-style-type: none"> • The outcome of Environmental/IPC audits are actioned in a timely manner • Wound care audits are carried out to ensure that wound care management is appropriate to the patient’s needs. • The NMC/NISCC checks that are completed on a monthly basis by the administrator are reviewed by the manager. 	
	<p>Action taken as confirmed during the inspection: Review of a sample of governance records/audits confirmed that this area for improvement had not been fully met. This is discussed further in 6.2.3. Therefore this area for improvement is stated for a second time.</p>	

6.2 Inspection findings

6.2.1 Staffing provision

On arrival to the home at 06.45 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients remained in bed and staff were attending to their needs. There was a relaxed atmosphere within the home and nurse call alarms were answered promptly.

The nurse in charge confirmed the planned daily staffing levels for the home and that the planned staffing levels were generally adhered to. We reviewed staffing rotas from 21 October 2019 to 10 November 2019 and identified that a number of shifts had been cancelled at short notice. Discussion with the manager confirmed that where possible shifts were ‘covered’ with available staff and on occasions herself. In addition recruitment for suitably skilled and experienced care assistants for night duty was on-going. Staff spoken with confirmed what the manager had discussed with us and that they had some concerns about the review of staffing taking into consideration patients assessed needs and dependency levels. While we were satisfied that staffing arrangements were kept under review and that the home was recruiting new staff; an area for improvement was made to ensure that patients’ dependency levels are considered as part of any staffing review.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.

Areas for improvement

An area for improvement was identified in relation to patient dependency levels.

	Regulations	Standards
Total number of areas for improvement	0	1

6.2.2 Patient Health and Welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We observed staff attending to patients needs in a caring manner and as promptly as possible. However, a number of patients still required to be assisted with their personal care at 11.30 hours. Details were discussed with the manager and as previously discussed in 6.2.1 an area for improvement has been made in relation to review of staffing arrangements.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment. This is discussed further in 6.2.4.

Consultation with five patients individually, and with others in small groups, confirmed that living in Marina Care Home was a positive experience.

Patient comments included:

- "Very happy here."
- "Staff are looking after me well."
- "They are doing a great job."
- "No concerns."
- "They are looking after me well."

On arrival in the home, we observed that the door to the treatment room, where medicines are stored, was wedged open and the room was unattended. This was brought to the attention of a registered nurse who acknowledged that the door should have been locked. An area for improvement was made.

We also observed a commode chair blocking a fire exit door. This was brought to the attention of the manager and an area for improvement was made.

Areas for improvement

Areas for improvement were identified in relation to medicine storage and fire safety.

	Regulations	Standards
Total number of areas for improvement	2	0

6.2.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patients. We reviewed the

management of nutrition, patients' weight, management of falls and wound care. There was evidence of regular communication with families and other healthcare professionals within the care records. A system was also in place to audit patient care records and each patient had a key worker.

Review of care records in relation to the management of wound care evidenced that the system in place to ensure the accuracy of body maps had not been fully embedded into practice. In addition we saw that the recommendations made by the tissue viability nurse (TVN) for one identified patient had not been adhered to consistently. Details were discussed with the manager who acknowledged the inspection findings and agreed to address them. This area for improvement has been stated for a second time.

It was positive to note improvements in supplementary record keeping since the previous inspection. Review of repositioning charts for three patients clearly stated the frequency of repositioning on each individual chart and the condition of their skin; which was also reflected in a sample of care plans. Daily fluid intake charts for three patients evidenced that a daily target, the consistency of food/fluids and the 24 hour total were accurately recorded.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was found to be warm, fresh smelling and comfortable throughout. Since the last inspection positive improvements had been made where new floors had been fitted to various areas within the home, dayrooms and multiple bedrooms had been redecorated with new furniture and paint work throughout.

Observation of the environment specific to infection prevention and control (IPC) evidenced that the issues identified at the previous care inspection had not been fully addressed. Details were discussed with the manager and the area for improvement is stated for the second time.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded on most occasions. However, as discussed previously in section 6.2.1 the manager did confirm that she had covered care assistant hours but did not

always document this on the rota. The manager also agreed to ensure that all hours worked, by herself, and in what capacity would be recorded going forward.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out monthly. As stated previously the manager acknowledged that wound care audits had not been completed and that more work was needed to ensure that deficits identified are actioned and followed up appropriately. This area for improvement was identified at the previous inspection and has been stated for a second time.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	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 Una McTaggart, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to wound care:</p> <ul style="list-style-type: none"> • When recommendations have been made from other professionals regarding the type of dressing and frequency of dressing renewals this must be reflected within current care plans and wound care documentation • Recording charts must be clearly printed to ensure accurate documentation of the location and nature of the wound • Appropriate and timely referrals are made when it has been established that a wound is not healing <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Wound care documentation and policy outlined with the best practice guidelines with all Nurses to ensure recommendations are adhered to and should be documented in each Residents Care plans and in their wound care charts, to evidence the good Wound Care in the Home</p> <p>New body maps printed on day of inspection as the previous one had blemishes on the print. The new version was shown to inspector at time of the inspection.</p> <p>On the day of inspection all wounds were healing well, however Nurses were reminded that any concerns noted in future must be referred to appropriate Health Care professional in a timely manner and documented in MDT notes to evidence that this has been actioned.</p>
<p>Area for improvement 2</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: 6.1</p>
	<p>Response by registered person detailing the actions taken: Issues highlighted where adressed immediately. In particular items left on a trolley were removed and trolley cleaned and stored away. All staff spoken to on duty regarding the need for</p>

	strict adherence to Universal Precaution Practices at all times. The Home Manager held meetings with the Staff to shown evidence of Infection control concerns. All staff were reminded to adhere to the correct policies and procedures going forward. Staff were reminded that any equipment that is presently not in use should be stored in the container provided.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate effect	The registered person shall ensure that medicines are stored securely at all times. Ref: 6.2.2 Response by registered person detailing the actions taken: A system is in place to ensure all medicines are secure in the Home. However on this occasion a Staff member did not follow the correct policy and procedure. This staff member has since underwent supervision of same and has apologised.
Area for improvement 4 Ref: Regulation 27 (4)(b) Stated: First time To be completed by: Immediate effect	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring that fire exits are kept clear and free from obstruction. Ref: 6.2.2 Response by registered person detailing the actions taken: The Home has regular Fire training and takes precautions to ensure safety and well being of our Residents. However on day of inspection one Fire escape had a wheeled tilt chair in front of the Fire exit. This should not have been placed there temporarily and was immediately removed. All staff have been spoken to regarding this.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 6 December 2019	The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home. The registered manager must ensure: <ul style="list-style-type: none"> • The outcome of Environmental/IPC audits are actioned in a timely manner • Wound care audits are carried out to ensure that wound care management is appropriate to the patient's needs. • The NMC/NISCC checks that are completed on a monthly basis by the administrator are reviewed by the manager. Ref: 6.1

	<p>Response by registered person detailing the actions taken: Inspection of the monthly environment audit tool with a written action plan to address any findings that require action. The action plans are addressed according to urgency and complexity and are delegated out to the department concerned. The company will continue to address all issues in accordance to priority of importance to ensure safe delivery of care in the home The new wound care audit tool was implemented since the previous inspection which was shown to the inspector. Unfortunately this new audit tool had not been completed on day of Inspection, however this is now used to address any concerns that are identified by the Home Manager or Charge Nurse NMC/NISSC are completed monthly by the Home administrator and are reviewed, signed and dated by Home Manager monthly</p>
<p>Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 6 December 2019</p>	<p>The registered person shall ensure that the patient dependency levels are kept under review to ensure staffing arrangements in the home meet patients' assessed needs. Ref: 6.2.1 and 6.2.2</p> <p>Response by registered person detailing the actions taken: Staffing levels are kept under review in line with our Residents dependency levels. The standard staffing model met these requirements on day of inspection. In event of sickness or short notice absence, the shifts are put out to Internal staff, Bank staff and Agency for cover.</p>

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



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