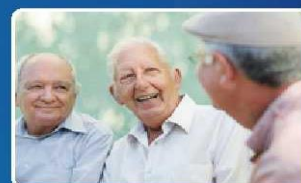




Unannounced Care Inspection Report 26 February 2019



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 provider 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 nursing home registered to provide nursing and residential care for up to 33 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: Una McTaggart | Date manager registered: 11 November 2016 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. | Number of registered places: 33 There shall be a maximum of 3 named residents receiving residential care in category RC-I. |

4.0 Inspection summary

An unannounced focused inspection took place on 26 February 2019 from 11.10 hours to 16.55 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 inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if improvements made had been sustained.

Evidence of good practice was found in relation to staff training, adult safeguarding, communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement were identified in relation to staff recruitment records, pre-employment health assessment checks, accurate documentation within care records and the updating of risk 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. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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 | 1 | *3 |

*The total areas for improvement include one standard that has been stated for a second time.

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.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 29 August 2018. 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
- the registration status of the home
- 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 18 patients, three patients' relatives, and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed at the main entrance of the home.

The following records were examined during the inspection:

- staffing rota for weeks commencing 18 and 25 February 2019
- three patients' care records
- staff training records
- two staff recruitment files
- RQIA registration certificate
- public liability insurance certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 August 2018

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 29 August 2018

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 39 Stated: First time | The registered person shall ensure that a record is kept in the home of all training completed by staff. The record includes: <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 | Met |

| | | |
|--|--|-----------------------|
| | <p>Action taken as confirmed during the inspection: Review of the training records evidenced that the above area for improvement has been met.</p> | |
| <p>Area for improvement 2 Ref: Standard 38.3 Stated: First time</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>Not met</p> |
| | <p>Action taken as confirmed during the inspection: The inspector reviewed two staff recruitment folders and identified that there was no pre-employment health assessment obtained.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> | |
| <p>Area for improvement 3 Ref: Regulation 48.6 Stated: First time</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>Met</p> |
| | <p>Action taken as confirmed during the inspection: Review of staff training records in relation to fire precautions evidenced that training had been provided by a certified person face to face with additional training via DVD.</p> | |

6.3 Inspection findings

6.3.1 The patient experience

We arrived in the home at 11.10 hours and were greeted by staff who were helpful and attentive. Patients were seated within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed and others were having a cup of tea, 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 enjoy their chosen activity and 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. However, it was identified that information regarding patients moving and handling requirements in the event of a fire was on display within the reception area at the main entrance. Whilst acknowledging the importance of having such information in an emergency there should be consideration around patient confidentiality. This was discussed with the registered manager and the information was made discreet immediately with a notice for the attention of staff only.

We observed the use of a keypad at the front door which we considered to be restrictive practice. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. The registered manager acknowledged the importance of patient's freedom of movement and placed appropriate signage above the keypad at the main exit door within reception.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate community involvement. The patients appeared to enjoy the interaction between the staff and each other.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that there is ongoing refurbishment.

We observed the serving of the lunchtime meal. Lunch commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. A registered nurse was overseeing the mealtime and was observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. 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. The menu was on display within the dining room and offered a choice of two main meals.

Consultation with 18 patients individually, and with others in small groups, confirmed that living in Marina Care Home was a positive experience.

Patient comments:

- "Staff very good"
- "Feel safe. Staff are looking after me very well"
- "Very well cared for here"
- "Keeping the best"
- "Well looked after"

Representative's comments:

- "Care is excellent here"
- "They could be doing with more staff at night"

Two questionnaires were returned from patients' representatives. Comments included; "Very satisfied with the care my receives". "They could do no more". The respondents were very satisfied with the service provision across all four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3.2 Staffing provision

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 18 and 25 February 2019 were reviewed and evidenced that the planned staffing levels were adhered to. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by management, comments included; "I love working, here", "Love it here" and "Great wee team". We also sought staff opinion on staffing via the online survey. There was no response in the time frame provided.

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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Marina Care Home. We also sought the opinion of patients on staffing via questionnaires. Four questionnaires were returned from patients. Comments included; "Care is good", "Care is very good". The respondents were very satisfied with the service provision across all four domains.

Discussion with staff evidenced that 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 this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3.3 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 patient, however, it was identified that a number of care plans had been altered whereby partial sentences/dates had been scored out resulting in the original entry not being able to be read clearly. This was discussed with the registered manager and an area for improvement was identified.

We also reviewed the management of nutrition, patients' weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. Patients were routinely assessed against the risk of reduced nutrition using a recognised Malnutrition Universal Screening Tool (MUST). However, on review of two patients care records it was identified that the MUST had not been updated since 5 January 2019. This was discussed with the registered manager who provided evidence within the nurse's diary that the weights had been obtained but acknowledged that the MUST had not been updated accordingly. This was identified as an area for improvement.

Areas for improvement were identified during the inspection under care standards in relation to accurate documentation of care plans and updating risk assessments.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.3.4 General environment

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 and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction. We observed patient equipment being stored within a communal bathroom, with damage to identified equipment. An assurance was provided by the registered manager that damaged equipment would be repaired or replaced and measures taken to ensure communal areas are kept neat and tidy. We also identified walls that were marked and paint work to door frames worn requiring refurbishment. This was discussed with the registered manager who confirmed that a refurbishment plan was in place and paint work was scheduled for the following week.

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3.5 Management and governance of the home

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.

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. However, as previously mentioned in 6.2 an area identified for improvement at the previous care inspection in relation to ensuring that before making an offer of employment, a pre-employment health assessment is obtained in line with guidance and best practice was identified as not being met and has been restated for a second time. On review of two recently employed staff members recruitment files it was further identified that there was no written evidence that employment gaps had been explored. One employee's folder did not have a second reference on file or a completed application form. This was discussed with the registered manager and documents were forwarded to the home by the director during the inspection. On review of the documents the employee had not submitted an application form but a curriculum vitae instead which did not provide reasons for leaving previous employment. This was discussed with the registered manager and an area for improvement was identified.

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.

Discussion with the manager 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. Copies of the report were available for patients, their representatives, staff and trust representatives. There were discrepancies in the documentation of the reports where information was lacking regarding follow up to previous quality improvement plans from RQIA. This was discussed with the registered manager and responsible individual who provided assurances that these reports would be amended.

We evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/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.

An area for improvement was identified during the inspection in relation to staff recruitment records.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 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 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 DHSSPS 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 | |
| Area for improvement 1 Ref: Regulation 21 Stated: First time To be completed by: Immediate effect | 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. Ref: 6.3.5 Response by registered person detailing the actions taken: Recruitment Policy adhered to and all files in accordance with up to date legislation |
| 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 38.3 Stated: Second time To be completed by: Immediate effect | 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. Ref: 6.2 and 6.3.5 Response by registered person detailing the actions taken: At Interview stage prospective candidates are asked to complete a Health Assessment |
| Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: Immediate effect | The registered person shall ensure that any changes or alterations to a patients care plans are made in such a way that the original entry can still be read. Ref: 6.3.3 Response by registered person detailing the actions taken: All staff have been reminded of the importance of clear concise documentation and any errors remain legible. |
| Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: Immediate effect | The registered person shall ensure that nutritional screening is repeated monthly, or more frequently depending on the individual assessed need. Ref: 6.3.3 Response by registered person detailing the actions taken: All staff have been reminded that after weights of residents have been entered into the diary it is paramount that this information is immediately entered into the residents individual care records. |

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



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