

Inspection Report

Name of Service:	Marina Care Home
Provider:	Burnview Healthcare Ltd
Date of Inspection:	29 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Burnview Healthcare Ltd
Responsible Individual:	Mrs Briege Agnes Kelly
Registered Manager:	Mrs Una McTaggart
Service Profile – This home is a registered nursing home which provides nursing care for up to 32 patients. The home is situated over two floors and includes communal dining areas, lounges and bathrooms. There is an outside area for patients to spend time which includes seating and a mature garden.	

2.0 Inspection summary

An unannounced inspection took place on 29 April 2025, between 9.30 am and 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services.

Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with were complimentary about the care provided by staff. Patients also said they were happy with the meals, they had a choice of meal and the food was very good.

Staff told us the manager was supportive if they needed advice, they received training on-line and in person for their roles and they had no concerns about the care provided in the home.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could spend time in their rooms or in communal areas chatting with other patients.

Patients explained that they could have family/friends in their room or one of the lounges or could go out to local shops or other activities in the community.

Patients told us that staff offered choices to them 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.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff did not always respond promptly to patient requests for assistance. This was discussed with the manager for her review.

It was noted that there was enough staff to provide patients with a choice on how they wished to spend their day. For example; spending time in the lounge or their own bedrooms.

While group supervision sessions were held for staff, no individual supervision had been completed as directed in the home's supervision policy. An area for improvement was identified.

A system was in place to deliver training on a range of topics through e-learning and practical training sessions. Training in the Control of Substances Hazardous to Health (COSHH) required review to ensure this training is embedded into practice, due to the findings discussed in section 3.3.4 below. An area for improvement was identified.

There was a system in place to monitor that all staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position, however, repositioning records identified gaps in repositioning and the position was not always recorded. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and alarm mats.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff with their diet modified. It was observed that patients were enjoying their meal and their dining experience.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

Improvements were seen in the records of patient preferences for activity provision. A plan of activities was displayed on the notice board, however discussion with staff confirmed that these scheduled activities had not been taking place. Although one to one activities were taking place with some patients, there was limited evidence that all patients were being routinely provided and offered a choice of social and leisure activities, including group activities. This area for improvement has been stated for a second time.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs, however, holistic care plans were not in place for patients within five days of admission. An area for improvement was identified.

Patients care records were held confidentially.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was, tidy and welcoming. For example, patients' bedrooms were personalised with items important to the patient, however, additional cleaning was required to a fridge, flooring, bins, and chairs. An area for improvement was identified.

Review of equipment such as hoists and steady hoists were examined and found to be unclean. This was brought to the manager's attention during feedback and this area for improvement has been stated for a second time.

The area in the eaves of the roof was being used for storage. While improvement was noted in the organisation of this area items continue to be stored on the floor and the area was over filled. This area for improvement has been stated for a second time.

A lockable cupboard containing fluid thickening powder was noted to be unlocked and a tea trolley containing thickening powders was also left unattended in a corridor. This was brought to staff attention for immediate action and this area for improvement has been stated for a second time.

Access to an electrical switchboard was noted to be unlocked. This was brought to the attention of staff for immediate action and an area for improvement was identified.

It was observed that vinyl gloves were used throughout the home for patient care. This was discussed with the manager who confirmed following the inspection that these had been replaced with the recommended gloves for patient care. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Una McTaggart has been the manager in this home since 11 November 2016.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. An overview of the restrictive practices in the home was not in place. This was discussed with the manager who agreed to review this and this will be examined at a future inspection.

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, however, where action plans for improvement were put in place, these were not always signed and dated on completion. This was discussed with the manager and it was agreed that this would be completed for all future reports.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	9*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Una McTaggart, Registered 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 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2025</p>	<p>The Registered Person shall ensure fluid thickening powders are stored safely and securely.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Since the previous inspection we installed two Lockable cupboards for Fluid Thickener Powder to be safely and securely stored when not in use. On the day of inspection, the cupboard on the first floor was locked. On the ground floor the dining room cupboard was closed tight and a container of Fluid Thickener Powder was on the tea trolley during the tea round only. In order to provide our residents with adequate and safe fluid intake, it is necessary to have the required thickener powder on the tea trolley during times of serving drinks/meals to the residents. We believe at no time was it left during tea service, beyond a number of seconds while the Care Assistant took a few steps to pass tea to a colleague to serve. The Regulation 14 (2) (a) states that 'the registered person shall ensure as far as reasonably practicable'. We believe that our staff have ensured that as far as reasonably practicable all fluid thickening powders are stored safely and securely as they were both in the cupboard and on tea trolley on the day of the inspection. A notice has been placed on the cupboard reminding staff to lock after use.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (l)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2025</p>	<p>The Registered Person shall ensure there is adequate and suitable storage provision for the purposes of the nursing home.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: As discussed previously with the inspector the eaves have been used for storage for nearly 20 years and provide some valuable storage space for items that may be needed at short notice by day or night staff in order to provide safe effective care to our Residents. Our third-party fire risk assessors carry out annual risk assessments and they have not assessed this storage as a fire risk. Fire doors and fire detection is in place in all eave's storage and there is no source of ignition. This has not been raised as an issue during any previous inspections. If the Fire Risk Assessors determine the use of these areas as safe, we are satisfied with their expert opinion. We have a large store</p>

	<p>outside for items e.g. seasonal items which our maintenance person can bring into the Home at the request of staff/manager. The inspector was concerned about washable mattresses being stored on wooden floor, so, we have now added a plinth under the mattresses to prevent them resting on floor level.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2025</p>	<p>The Registered Person shall ensure electrical switchboard storage areas are secured and domestic cleaning trolleys are supervised when in use.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Access to a storage area that contains a distribution box high up on the wall was noted. This was acknowledged and subsequently locked and staff reminded of the same and they key is stored in the Managers Office. We feel the cleaning trolleys were being supervised and within close proximity to domestics actually cleaning at the time. It is not practical to continually move a cleaning trolley every 1-2 meters when the domestic staff remains in close proximity. The Regulation states that we should ensure 'as far as reasonably practicable' and we feel strongly that the staff member acted in a reasonably practical way in terms of the distance they were from their trolley. We have no history of incidents with cleaning trolleys including no near misses. We feel this is clear demonstration that we are ensuring as far as reasonably practicable that residents are safe.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 15 May 2025</p>	<p>The Registered Person shall ensure that a regular, meaningful programme of activities is provided and recognised as an integral part of the care process.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The Inspector notes in the report that 'a plan of activities was displayed on the Notice Board, however discussion with staff confirmed that these activities had not been taking place'. Activities however did take place on the day of inspection and on all other days that the Activity Therapist is on duty. On the 29/04/2025 (day of inspection) the Activity Therapist changed her activity from Baking in the Activity room to doing individual activity sessions with residents. The reasons for this was that (a) the domestic staff had planned a deep clean of the activity room, and (b) the small conservatory that could have been used for</p>

	<p>Baking was used to accommodate the RQIA Inspector during the inspection process. We have activity plans but we feel we should have the autonomy to change these plans. In this example the domestic staff needed to deep clean the area intended to be used for the activity. Another example would be if the weather was nice, we would offer to take residents down to the Lough Shore. We believe this standard has the aim to ensure that residents have meaningful activities. On the day of Inspection the Activity Therapist was carrying out meaningful Activities, that just so happened to be different to what was previously planned on the notice board due, to essential cleaning being carried out and accomodating the RQIA Inspector with comfortable space to carry out her inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 45.5</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2025</p>	<p>The Registered Person shall ensure that all equipment is cleaned in line with best practice guidelines and maintained clean.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The inspector examined a hoist and a stedy both of which were in use. It was noted what appeared to be breadcrumbs on the sara stedy and it was acknowledged that the stand aid hoist which has a foot plate has a deep groove needed a deeper clean. When a resident is transferred after meals crumbs can fall off Residents laps and inadvertently land on the floor or around the base of a hoist or stedy. The transfer cannot stop on every occasion to clean the hoist or stedy as transferring the resident safely is of paramount importance. A cleaning program is in place for all equipment including hoists and stedy's. This has been reviewed to address the deep groove on the stand aid hoist but given that this is a live working environment if crumbs etc. are noted this does not mean that the equipment is not 'cleaned in line with best practice guidelines'.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (28 May 2024)</p>	<p>The Registered Person shall ensure that fully complete and accurate personal medication records are maintained.</p> <p>Ref: 5.2.1</p> <hr/> <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 4</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2025</p>	<p>The Registered Person shall ensure individual staff supervision is completed as directed by the home's supervision policy.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: On the day of inspection, 7 group supervisions had been carried out on various dates from January 2025, resulting in a total of 78 supervisions. These group records are kept in the supervision file. In addition, a number of 1:1 supervisions for individual staff was done, but they are kept privately in Staff Personnel files where areas for improvement were identified. This does not include our yearly appraisals which are stored privately in Staff Personnel Files. We have planned in more 1:1 supervisions going forward.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: July 2025</p>	<p>The Registered Person shall ensure that ensure COSHH training is embedded into practice.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Training for COSHH was 78% compliant at the time off inspection. In addition to our E-Learning platform Care Home Health and Safety, which includes and covers the COSHH training, our janitorial supplier has provided us with additional COSHH E-Learning. This additional COSHH training has been rolled out to staff.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2025</p>	<p>The Registered Person shall ensure patients are repositioned as directed in their repositioning care plan. This is in relation to gaps in repositioning and recording of the position patients were moved to.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: We accept that there were some minor gaps in recording of repositioning. However, evidence from our Monthly Audits of Pressure Sores would confirm that our practices in respect of repositioning are ensuring safe effective care. There is no evidence of pressure sores present with our residents which would suggest that regular repositioning is taking place. In a live working environment, a staff member may not have recorded a new position perhaps as they have been called to an emergency. If there was a consistent pattern of non-recording, this would inevitably lead to pressure sores. Our evidence demonstrates this is not the case. We have reminded all care staff on the importance of recording all repositioning.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2025</p>	<p>The Registered Person shall ensure a detailed plan of care for each patient’s individual assessed needs is completed within five days of admission to the home.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: The one resident noted during the inspection was a temporary respite awaiting on a Package of Care to return home. They had their medical conditions clearly identified on the Admission Profile and all Nurses were subsequently aware of his conditions. The Resident did have a full Care Plan based on our Roper-Logan-Tierney Model of Activities, which fortunately clearly identified his needs to be met. The Care Plans he had were Medication for Pain, Safe Environment, Use of Bed Rails, Communication due to early-stage dementia, Breathing, Eating and Drinking, Elimination, Washing and Dressing, Temperature Control, Mobility, Activities and Sleeping. On the day of inspection, although his medical conditions were clearly identified on the Admission Profile this Resident did not have a medical care plan. Their named Nurse was scheduled to review his whole care plan which has now been done.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2025</p>	<p>The Registered Person shall ensure that the premises are kept clean and hygienic for their stated purpose. This is in relation to an unclean fridge, flooring, bins, and chairs</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Activity Room flooring and chairs was scheduled for cleaning on the day of the inspection which as previously outlined explains the change of activities on the day of the inspection. This is evidence that we are keeping the premises clean and hygienic for their stated purpose. All bins are emptied as required. The fridge in the downstairs dining area is routinely cleaned, however on the day of inspection, a spillage was noted and it was subsequently cleaned as per our daily routine.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2025</p>	<p>The Registered Person shall ensure the correct gloves are in use for patient care to prevent the spread of infection.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: We use Nitrile Gloves always. Our supplier sent one order of vinyl gloves in error which instead of returning were designated to be used primarily by domestic/cleaning staff.</p>

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews