

# Inspection Report

<b>Name of Service:</b>	<b>Marina Care Home</b>
<b>Provider:</b>	<b>Burnview Healthcare Ltd</b>
<b>Date of Inspection:</b>	<b>14 January 2025</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Burnview Healthcare Ltd
<b>Responsible Individual:</b>	Mrs Briege Agnes Kelly
<b>Registered Manager:</b>	Mrs Una McTaggart
<b>Service Profile</b> – This home is a registered nursing home which provides general 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 14 January 2025, between 9.20 am and 6.40 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 and pharmacy inspections and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was positive to note that one of the two areas for improvement (AFI) identified at the last care inspection had been met; the other AFI was carried forward for review at a future inspection.

Patients said that living in the home was generally a good experience, however, some patients commented on staff attending to their requests when asked, meal choices and the provision of activities. This is further discussed in section 3.2. Details were shared with the manager during feedback for review and action. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Improvements were required to ensure the effectiveness and oversight of the care delivery. Areas for improvement can be found in the Quality Improvement Plan in section 4.0.

## 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 generally positive in their comments about living in Marina Care Home. Patients said that whilst staff were lovely and they had no concerns about staffing levels they stated that the meals were not always warm and that the choices available were repetitive. Patients also said there was a lack of activities provided and they were often bored. One patient reported that some staff did not attend to their requests when asked. This feedback was discussed with the management team during feedback.

Staff were complimentary in their comments about working in the home. Staff said there were no concerns about staffing levels, they worked well as a team and were provided with regular training for their roles and responsibilities.

Visitors were very happy with the care provided by staff, said they were well informed of any changes regarding their relative and said "The home is second to none".

A record of compliments were kept in the home regarding the care provided to patients.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

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

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example; spending time in communal lounges and assisting with mobilising.

Review of the system to manage the registration of nurses and care staff evidenced that it required more oversight from the manager as this was not checked regularly and not always signed and dated as completed by the manager. This was discussed with the management team during feedback.

#### 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. A staff handover sheet was used to inform staff of patients dietary needs; however, this was not fully updated for one patient. Following discussion with the manager this was addressed.

Staff were observed to recognise patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were, understanding of 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. It was established that a system was in place to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly; some patients had pressure relieving mattresses in place, however, mattresses were not all at the correct setting for the patient's weight. 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, use of walking aids and assistance from staff.

Concerns regarding the health and welfare of patients were identified following observation of two staffs' manual handling practices. While staff were up to date with their manual handling training, they were observed to perform an 'under arm drag lift' of a patient from a wheelchair which placed the resident at risk of harm. As a result of this observation RQIA made a referral to the Adult Protection Gateway team in the Western Trust. An area for improvement was identified.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise, the atmosphere was calm, relaxed and unhurried. 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. It was observed that staff did not cover a meal being carried on a tray to a patient's room. The manager addressed this with staff at the time and this will be reviewed at the next inspection.

Observation of the daily routine and discussion with patients and staff identified that activity provision was limited. Some patients said they were "bored" and there was "nothing to do". Staff confirmed that activities did not take place on a regular basis. This was discussed with the management team during feedback and an area for improvement was identified.

### 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 and include any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were maintained, however, not all required care records were in place to meet the patients' needs. For example; fluid intake was recorded on charts but there was no care plan in place to direct care or actions required if patients were at risk of dehydration. Pressure relieving mattress were in place and were repositioning was required for patients at risk of skin damage; care plans did not include the correct mattress setting. Risk assessments were not in place for use of denture cleaning tablets and air freshener oils accessible in patient's bedrooms. An area for improvement was identified.

Nursing staff kept records about the delivery of care, however the content of care plan reviews and evaluations undertaken by nursing staff lacked detail and were not person focused. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was, tidy and warm. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Review of the home's environment and records confirmed that wear and tear of, for instance, the walls, skirting boards and door frames had not been addressed. Details were discussed with the management team and an area for improvement was identified.

Observation of the equipment used by patients, including hoists and a commode, identified that further cleaning was required. An area for improvement was identified.

While observing the breakfast and lunchtime meals it was noted that fluid thickening powders were left unattended. This was brought to the attention of the manager for her immediate action and an area for improvement was identified.

It was noted that areas in the eaves of the roof of the home were overfilled with stored items. An area for improvement was identified.

Staff were observed not washing their hands correctly or at appropriate times and to use PPE inappropriately. It was observed that aprons were inappropriately stored in corridors which may cause a risk of spread of infection. 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, relatives 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. The action required following audits of the environment and IPC were not always either signed and dated or followed up. An area for improvement was identified.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of the compliments received about the care provided by staff were kept in the home and shared with staff.

## 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
<b>Total number of Areas for Improvement</b>	2	10*

\* the total number of areas for improvement includes 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 January 2025)	The Registered Person shall ensure fluid thickening powders are stored safely and securely.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Fluid thickening powders are stored safely and securely in a cupboard with key pad coded access only.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (l)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2025	The Registered Person shall ensure there is adequate and suitable storage provision for the purposes of the nursing home.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> The existing plan to put up new shelving in the store room has been implemented .This has freed up more space in the eaves ,which has now been reorganised.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (28 May 2024)	The Registered Person shall ensure that fully complete and accurate personal medication records are maintained.  Ref: 5.2.1  <b>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.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (14 January 2025)</p>	<p>The Registered Person shall implement a system to ensure that pressure relieving mattresses are maintained at the correct setting for each patient.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> To aid all Staff ,clear labels are now on each airflow mattress pump.This identifies the correct setting for Residents.Also airflow mattresses audits are being carried out regularly.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2025</p>	<p>The Registered Person shall ensure that training in moving and handling procedures is evaluated and embedded into practice.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> All Staff undergo mandatory Moving and Handling training and supervision on induction .Senior Staff members continue to monitor the moving and handling practices. Furthermore, a moving and handling champion has been designated to ensure good practice and supervision ongoing .</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 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><b>Response by registered person detailing the actions taken:</b> Unfortunately our activity therapist was off for a period which was beyond anyones control.As they where still an employee at the time of inspection we could not replace them and all efforts to recruit temporary cover resulted in no applications .This activity therapist has since left our employment and we now have recruited, a highly qualified activities therapist who has now commenced employment .</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 January 2025</p>	<p>The Registered Person shall ensure all care records are in place to meet the patients' needs.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> All Residents on fluid charts assist Nurses to monitor well being. Staff have been supervised to ensure all fluid intake is documented including supplements.Eating and drinking care plans have been further developed to include appropriate objectives and intervention in the event of a reduced fluid intake</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2025</p>	<p>The Registered Person shall ensure that the content of care record reviews and evaluations are detailed and person focused.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Care Plans are detailed and person centred. However, going forward Staff Nurses will include more written detail in the monthly reviews to reflect the person focused care given. All primary Nurses have been consulted and informed about the importance of person centered evaluation.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2025</p>	<p>The Registered Person shall ensure that the premises are well maintained and remain suitable for their purposes.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The areas identified on inspection are being addressed in the planned maintenance schedule</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 45.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 January 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><b>Response by registered person detailing the actions taken:</b> In line with best practice the identified items where addressed post inspection and continue to be part of the cleaning schedule ongoing. Further checks have been included in the Environmental and IPC audit which are both carried out on a monthly basis.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 January 2025</p>	<p>The Registered Person shall ensure staff complete appropriate hand hygiene and PPE is stored and used appropriately to prevent the spread of infection.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Hand Hygiene training is mandatory with all Staff. Supervision regarding the seven steps was revisited . The trust supply of aprons is now completed and the new supply is in use in the PPE terminals .</p>

<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 32 January 2025</p>	<p>The Registered Person shall ensure that the actions required following auditing of the care and services provided in the home are followed up, signed and dated.</p> <p>Ref: 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All Environmental Audits and IPC completed are dated .Also,once the follow up actions are completed staff are reminded to sign and date them.</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

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews