The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Marina Care Home

Provider: Burnview Healthcare Ltd

Date of Inspection: 8 December 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. There is a range of communal areas throughout the home and patients have access to a garden.	

2.0 Inspection summary

An unannounced inspection took place on 8 December 2025, from 9.35 am to 4.00 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 29 April 2025, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable of patients care needs.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a compassionate manner and improvements had been noted in the storage in the eaves of the home and the recording of patient care records, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection eight 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 a future medicines management 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 raised no concerns about the care and said they were "well looked after". Patients also told us "the food is good and staff are very attentive". One patient said that there was very little activities available in the home. This was brought to the manager's attention and is discussed further in section 3.3.2.

Patients told us that staff offered choices to patients throughout the day, which included preferences for getting up and going to bed, what clothes they wanted to wear and food and drink options.

Staff were complimentary about the support from the manager and told us that they received training for their roles, worked well as a team and liked the homely environment.

No completed patient or relative questionnaires were received following the inspection.

No reply was received to the online survey following the inspection

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence of robust systems in place to manage recruitment.

Systems were in place to provide staff training. However, concerns were identified regarding the effectiveness of staff training in Control of Substances Hazardous to Health, specifically the safe use and storage of fluid thickening powders. This area for improvement has been stated for a second time. Please refer to section 3.3.4 for further detail.

Observations and review of the staff duty rotas evidenced that the staffing levels consistently fell below planned levels during the night time period with the potential for no staff cover on each floor when patients required assistance. Details were discussed with the manager and an area for improvement was identified.

Review of the record of supervision for staff evidenced that staff received individual one to one supervision as required along with group supervision on a regular basis.

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 and their daily routine.

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 safe systems were in place to safeguard patients and to manage this aspect of care.

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.

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.

Observation of the lunchtime meal confirmed that the food served smelt and looked appetising and nutritious. Patients who required to have their meals modified were also offered a choice of meal. Patients were served their meals in the dining room, lounge or their own rooms if preferred.

Review of records, discussion with patients and staff confirmed that activities were not provided on a regular basis and were not always meaningful for patients. Staff's interactions with patients were observed to be mostly task centred, and staff did not take the opportunity to try to engage with patients in a more person centred or social way. This area for improvement has been stated for a third 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 were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was warm, tidy and generally well maintained. For example, patients' bedrooms were personalised with items important to the patient. Communal areas were decorated for Christmas and were suitably furnished, warm and comfortable.

A sink surround and a radiator cover required repair or replacement. This was discussed with the manager who agreed to address this and this will be reviewed at a future inspection.

In one dining room, fluid thickening powder was left unattended and unsecured. This was brought to the manager's attention for immediate action and this area for improvement has been stated for a third time.

Medication was observed to have been left with a patient and not administered safely under staff supervision. This was brought to the manager's attention for her action and an area for improvement was identified.

Signs to warn of the safety and dangers of oxygen in use were not always in place in patients rooms were this was required. This was discussed with the manager and an area for improvement was identified.

Infection prevention and control (IPC) issues were identified including, toiletries in a bathroom with no patient identification, toilet roll stored on a handrail in a bathroom, hair washing equipment stored on an ensuite floor and bathroom and bedroom signs which required to be laminated. A more robust system was required to identify and address these issues. An area for improvement was identified.

Observation identified that two bathrooms and an ensuite were used to store commodes and a lamp inappropriately. An area for improvement was identified.

Bar locks were in place on doors leading to the eves of the roof of the home. A number of these were left open when not in use. This was discussed with the manager for her review and will be assessed at a future inspection.

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.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	2*	7*

* the total number of areas for improvement includes one regulation and one standard that have been stated for a third time, one standard which is stated for a second time and one standard which is carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Una McTaggart, 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	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** Third time **To be completed by:** 8 December 2025	The registered person shall ensure fluid thickening powders are stored safely and securely. Ref: 3.3.4 and 2.0
	Response by registered person detailing the actions taken: Fluid thickeners are always stored in lockable cupboards on both floors. On the day of the inspection, there was thickener seen on the tea trolley during the tea rounds. Now, lockable boxes are installed on the tea trolleys to ensure the safe storage of fluid thickeners during the tea rounds.This area of improvement is being monitored on the Home Manager's daily checks to ensure compliance.
Area for improvement 2 **Ref:** Regulation 13 (4) (b) **Stated:** First time **To be completed by:** 8 December 2025	The registered person shall ensure that medication is administered safely under staff supervision. Ref: 3.3.4
	Response by registered person detailing the actions taken: 1:1 Supervision has been carried out by the Home Manager with the staff nurse regarding the safe administration of medication. A medication administration refresher training has been arranged for all Nurses.Further audits and spot checks are ongoing.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** Third time **To be completed by:** 31 December 2025	The registered person shall ensure that a regular, meaningful programme of activities is provided and recognised as an integral part of the care process. Ref: 3.3.2 and 2.0
	Response by registered person detailing the actions taken: Our Activity Therapist left post on 31st October. Unlike other roles e.g, Care Assistant or Nurse, an Activity Therapist is 1 role in the home. We commenced recruitment once we received the resignation. Safe recruitment is paramount and recruiting a suitable candidate is vital to the well-being of our residents. Safe recruitment in nursing homes involves a rigorous, compliant process to protect vulnerable residents, including detailed

	application forms, thorough interview assessments, Enhanced Disclosure checks, and verification of employment history. It therefore can take time to ensure safe recruitment. In the Interim we were able to recruit our previous Activity Therapist which assisted us in providing a regular, meaningful programme of activities to our residents from the week beginning 3rd November. In addition, several outside entertainers were booked before Christmas.
Area for improvement 2 **Ref:** Standard 39 **Stated:** Second time **To be completed by:** 31 December 2025	The registered person shall ensure that COSHH training is embedded into practice. Ref: 3.3.1 and 2.0
	Response by registered person detailing the actions taken: Further supervision has been carried out to ensure the learning from the COSHH training is embeded into practice especially in relation to the safe storage of the fluid thickeners. This area of improvement is being monitored on the Home Manager's daily checks to ensure compliance. .
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 31 December 2025	The registered person shall ensure that at all times the staff on duty meet the assessed needs of the patients. This is in relation to staffing levels during the overnight period. Ref: 3.3.1
	Response by registered person detailing the actions taken: Our staffing levels overnight remain consistent and in line with the assessed needs of our residents. We supplement our evening staff numbers with an additional 3 hour twilight shift. At the time of inspection we were recruiting for this shift as we had a vacancy. Once the recruitment process was completed this short evening shift is consistently covered.
Area for improvement 4 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 9 December 2025	The registered person shall ensure that oxygen is stored securely and that appropriate signage is in place. Ref: 3.3.4
	Response by registered person detailing the actions taken: Oxygen is always stored safely and securely chained to the wall in a locked treatment room when not in use. On the day of the inspection, a notice to state oxygen was being used was not present, this was addressed immediately. This area of improvement is being monitored on the Home Manager's daily checks to ensure compliance.

Area for improvement 5 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 9 December 2025	The registered person shall ensure an established system is in place to manage the environment to minimise the risk of spread off infection. Ref: 3.3.4
	Response by registered person detailing the actions taken: All signs are now laminated and can be wiped clean.Hair washing equipment stored on the floor in ensuite was removed immediately on the day of inspection. All toileteries are kept in cupboards in residents' rooms. Home manager has included further spot checks to ensure compliance.
Area for improvement 6 **Ref:** Standard 44.3 **Stated:** First time **To be completed by:** 9 December 2025	The registered person shall ensure that commodes and lamps are not stored in bathrooms and ensuites. Ref: 3.3.4
	Response by registered person detailing the actions taken: The lamp was removed on the day of inspection and commodes are not stored in bathrooms. Home manager and senior staff are doing spot checks to ensure complaince.
Area for improvement 7 **Ref:** Standard 29 **Stated:** First time **To be completed by:** With immediate effect (28 May 2024)	The registered person shall ensure that fully complete and accurate personal medication records are maintained. Ref: 2.0
	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.

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

The Regulation and Quality Improvement Authority

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