

Inspection Report

05 May 2022



Mertoun Park

Type of Service: Residential Care Home
Address: 17 Orchard Court, Knocknagoney
Holywood, BT18 9QE
Tel no: 028 9504 0588

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual Dr Catherine Jack	Registered Manager: Mr Patrick Heaney Date registered: 04/01/2019
Person in charge at the time of inspection: Patrick Heaney	Number of registered places: 8
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 4
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 8 residents. The home is divided over two floors. Residents have access to a shared communal area and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2022, from 9.30am to 4.45pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents needs and carried out their work in a compassionate manner. Residents said that living in the home was a good experience.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified .Please refer to the Quality Improvement Plan (QIP) for more details.

RQIA were assured that the delivery of care and service provided in Mertoun Park was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Mertoun Park

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Three residents and three staff were spoken with during the inspection. No comments were provided by staff via the on-line staff survey, or from residents or relatives via the questionnaires provided.

Residents commented positively about living in the home. One resident told us, "I love it here; the staff are kind to me". Another resident spoke of how, "The staff are kind, the food is good".

Staff told us they were happy working in the home, the staffing levels were good and they felt supported by the manager and the training provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that working practices are systemically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	The registered person shall monitor the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Area for improvement 3 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that the residents or their representatives, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager.	Partially Met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of three care plans identified some progress in this area; however one care plan was missing signatures of staff. This area for improvement has not been fully met and is stated for a second time.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employment records highlighted that there was no evidence of pre-employment checks for two staff on the day of inspection. This was discussed with the manager and identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried.

It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Three care plans were reviewed. The care plans were detailed, person centred and reflective of resident needs. One care plan had been signed by the resident, along with staff. Another care plan did not have any staff signatures. This area for improvement around care planning was stated for a second time.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There were areas in the home where infection prevention and control issues were identified. A radiator cover in an upstairs shower room was rusty, a shower chair was rusty. A wooden bath panel in a downstairs bathroom needed repaired or replaced. Full details were discussed with the Manager and an area for improvement was identified.

One of the resident's bedrooms, and the staff bedroom on the first floor had been swapped over. This was passed over to the RQIA estates inspector to follow up.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

Observation of the residents highlighted they were able to choose how they spent their day. For example, residents could spend time in their rooms or in the lounge area.

It was observed that staff offered choices to residents 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.

There was a range of activities provided for residents by staff. These included arts and crafts, shopping trips, outings and board games.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Patrick Heaney has been the manager in this home since 04 January 2019.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1) (Alter as required)**

	Regulations	Standards
Total number of Areas for Improvement	2	1*

* The total number of areas for improvement includes one that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Patrick Heaney, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1)(b) Stated: First time To be completed by: Immediate and ongoing	The registered person shall put in place a system to ensure a checklist is available evidencing all pre-employment checks are completed , and be available for inspection. Ref: 5.2.1 Response by registered person detailing the actions taken: A system has been devised for future new employees, that a record will be held in their personal file, which will have been checked by HR and management, and will include all relevant documentation
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 1 August 2022	The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices. Ref: 5.2.3 Response by registered person detailing the actions taken: A system of a monthly audit, which already takes place, will now include all environmental factors

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 3 Ref: Standard 6.3 Stated: Second time To be completed by: 01 August 2022	The registered person shall ensure that the residents or their representatives, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. Ref. 5.1
	Response by registered person detailing the actions taken: Staff completing care plans, will sign these, along with the service user when appropriate. The manager/deputy manager will audit these care plans during supervision

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



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