

Inspection Report

08 June 2023



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: Mr 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: 3
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 8 June 2023, from 9.30am to 4.00pm 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 unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 details.

RQIA were assured that the delivery of care and service provided in Merton 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.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 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

A resident commented positively about living in the home. They told us, "The care is good, the staff are good. They would do anything for us here, there is plenty of choice".

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.

No additional feedback was received from residents, relative or staff following the inspection.

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 6 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1)(b) Stated: First time	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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	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.	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 6.3 Stated: Second 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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.	

	Please refer to section 5.2.2 for more detail.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

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.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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. 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, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

There was limited evidence of pre-admission assessments being carried out for two residents. There was also limited referral information, and assessments on file for these residents. Two residents did not have a care plan in place on admission that would enable staff to direct the care of the resident. This was discussed with the manager and three areas for improvement were identified.

Review of two care plans highlighted that these had not been signed by residents or their relatives, or the staff drawing it up. This had been stated as an area for improvement under the standards for a second time at the last care inspection. This area for improvement is now subsumed, and stated under the regulations.

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

The home had been recently refurbished to a high standard. Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

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.

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.

A staff bedroom had been converted into a room to store files. Another room used for residents to socialise in, was in the process of being swapped over with the manager's office. This was done without RQIA being notified of the change of purpose of these rooms. This was discussed with the manager, as a variation to the registration of the home should have been submitted prior to the repurposing of these rooms. An area for improvement was identified.

Call bell points for residents were not available in some areas of the home. These need to be available in every room used by residents. An area for improvement was identified.

A shower chair in an identified bathroom was found to have rust on its frame. The manager agreed to order a replacement.

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.

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.

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.

Residents' needs were met through a range of individual and group activities, such as walks, playing videogames and board games. There was no activity board displaying the programme of activities for the residents in the home. This was discussed with the manager, who agreed to put this in place. This will be reviewed at a subsequent inspection.

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 4 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.

There was a system in place to monitor accidents and incidents that happened in the home. However, examination of a sample of incident and accident records found that some notifiable incidents had not been reported to RQIA as required. This was identified as an area for improvement.

There was a system in place to manage complaints. Review of these records highlighted that that the outcome to a number of complaints had not been recorded. An area for improvement was identified.

A number of management and governance records for the home were not available or accessible in the home during for inspection by RQIA. An area for improvement was identified

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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	6*	4

* the total number of areas for improvement includes one under regulation, which is carried forward for review at the next inspection.

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: From the date of inspection.	<p>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.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 16.1 Stated: First time To be completed by: From the date of inspection.	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or residents representative, as to how their needs will be met.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager prepares a written careplan in consultation with residents or their representative, ensuring individual needs are met.</p>
Area for improvement 3 Ref: Regulation 16.1 Stated: First time To be completed by: From the date of inspection.	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or residents representative. This is stated in relation to the care plan being signed by the resident or their representative.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A written care plan is prepared in consultation with residents or their representative by the registered person. These careplans are monitored and reviewed ensuring they are signed by residents and/or their representatives.</p>
Area for improvement 4 Ref: Regulation 32 (1)(h) Stated: First time	<p>The registered person shall submit a variation to inform RQIA of the proposed change of purpose of the rooms on the first floor.</p> <p>Ref: 5.2.3</p>

To be completed by: From the date of Inspection.	Response by registered person detailing the actions taken: The registered manager completed the variation form on the 16 th June 2023, this was uploaded via RQIA portal. Any potential variation shall be uploaded via RQIA portal at least 6 weeks before to ensure any variation is acceptable.
Area for improvement 5 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable accidents and incidents are made to RQIA in accordance with legislation. Ref 5.2.5
To be completed by: From the date of Inspection.	Response by registered person detailing the actions taken: All notifiable incidents and accidents are being reported to RQIA in accordance with legislation. Currently the Registered manager ensures, in the absence of a recognised system, reporting of incidents and accidents to RQIA.
Area for improvement 6 Ref: Regulation 19 (3) (b) Stated: First time	The registered person shall ensure that all required records are available for inspection by the RQIA. Ref 5.2.5
To be completed by: From the date of Inspection.	Response by registered person detailing the actions taken: All required records are available for inspection, confidential records are accessed via the Registered and Deputy Managers only.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 3.4 Stated: First time	The registered person shall ensure that a referral form providing all information, including any risk assessments, is completed before the resident is admitted. Ref: 5.2.2
To be completed by: From the date of inspection.	Response by registered person detailing the actions taken: Referral documentation which provides all information, including risk assessments, is completed prior to residents admission to the service. This is monitored by the Registered Manager.
Area for improvement 2 Ref: Standard 5 Stated: First time	The registered person shall ensure that a resident has an up to date assessment of their needs. Ref: 5.2.2

To be completed by: From the date of inspection	Response by registered person detailing the actions taken: Each resident has an up to date assessment of their needs and the Registered manager liaises with the referring person to ensure this documentation is current.
Area for improvement 3 Ref: Standard E8 Stated: First time To be completed by: 1 September 2023	The registered person shall review the home and ensure that call points accessible to residents are provided in every room that is used by residents.
	Response by registered person detailing the actions taken: All rooms to which residents have access, have accessible call points. The registered manager is liaising with external contractors, who are providing quotations to further progress this area of improvement.
Area for improvement 4 Ref: Standard 17.10 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that records are kept of all complaints and these include details of all communications with the complainants, and the result of any investigations and action taken. Ref: 5.2.5
	Response by registered person detailing the actions taken: Records and details of all complaints and communications with a complainant are kept including the result of any investigations and actions taken. This record is audited on a monthly basis for trends, themes, action and mitigation.

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



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