



Unannounced Care Inspection Report 10 and 12 August 2019



Mertoun Park

Type of Service: Residential Care Home
Address: 17 Orchard Court, Knocknagoney,

Hollywood BT18 9QE

Tel no: 028 9504 0588

Inspectors: Marie-Claire Quinn and Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides short term care for up to eight service users living with a learning disability. There are no service users living permanently in the home.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager and date registered: Patrick Heaney
Responsible Individual: Martin Joseph Dillon	4 January 2019
Person in charge at the time of inspection: Alison Rainey, senior residential worker	Number of registered places: 8
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of service users in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 10 August 2019 from 12.30 hours to 17.00 hours.

This inspection was undertaken by the care inspector supported by the finance inspector who conducted an unannounced inspection on 12 August 2019 from 10.30 hours to 12.00 hours.

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

Evidence of good practice was found in relation to staff training, the homely and relaxed atmosphere, person centred care planning and delivery, the communication between service users, staff and service user representatives, the culture and ethos of the home, dignity and privacy, activities, management and governance arrangements, the management of service user's monies and valuables and general financial arrangements.

No areas requiring improvement were identified.

Service users told us the home "is good". Service users unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from service users and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Alison Rainey, senior residential worker and Patrick Heaney, Manager, as part of the inspection process and can be found in the main body of the report. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 21 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings including finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with service users, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A selection of questionnaires and 'Have We Missed You' cards, including questionnaires in an easy read format, were provided to give service users and those who visit them the opportunity to contact us after the inspection with views of the home. Six service users responded and told us they felt safe in the home, that staff were kind, that their care is good and that the home is well organised. Comments are included in the report below.

Two relatives responded. One reported that they were very satisfied that the care was safe, effective, compassionate or that the service was well led and one relative reported they were unsatisfied. No specific comments were provided.

A poster was provided for staff detailing how they could complete an electronic questionnaire. Five members of staff responded. Some respondents indicated that they were satisfied and others were dissatisfied with aspects of the care provided in the home. This was shared with the deputy manager who undertook to address any concerns raised by staff.

During the inspection a sample of records was examined which included:

- fire safety records
- the care records of three service users
- the care plans of two service users
- activity schedule
- annual quality review report dated 20 May 2019
- accidents and incidents records March – July 2019
- complaints records from 17 March 2019 – 5 July 2019
- care plan audits May, June and July 2019
- monthly monitoring reports dated 29 April 2019 and 29 May 2019
- staff duty rota from 23 August 2019 to 5 September 2019 (provided post inspection)
- monthly monitoring reports 27 June 2019 and 26 July 2019 (provided post inspection)
- two service users' finance files including details of their financial arrangements
- a sample of purchases undertaken on behalf of service users
- a sample of records of monies deposited on behalf of service users
- a sample of records of reconciliations of service users' monies
- a sample of records of service users' personal property

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that risk assessments are completed in regard to the risk of absconding. Ref: 6.3.1	Met
	Action taken as confirmed during the inspection: We reviewed three care records; two care records included the relevant risk assessment. Confirmation was received post inspection that the one care record which required review had now been updated with all relevant risk assessments in place.	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a care plan is completed in regard to: <ul style="list-style-type: none"> the management of smoking including smoking materials absconding Ref: 6.3.1	Met
	Action taken as confirmed during the inspection: Review of the care records of one service user confirmed that a care plan for the management of smoking was in place. Two of the three care records we reviewed included a care plan in relation to absconding. Confirmation was received post inspection that the one care record which required review had now been updated with all relevant care plans in place.	

Areas of improvement identified at the last finance inspection have been reviewed. Of the total number of areas for improvement all were assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users and clients from the care, treatment and support that is intended to help them.

There was a relaxed atmosphere in the home when we arrived. Service users were positive about their experiences in the home:

- “It’s great here! Staff are nice to me. I know everyone here.”
- “The staff are lovely and look after me well.”
- “It is good.”

Staff told us:

- “There are enough staff today, however there are times when there are not enough staff given the complexities of the service users. The social workers decide whether or not someone needs one-to-one observations. But some service users will get very distressed if their needs are not immediately met, and we have to maintain close observation.”
- “I have no concerns regarding staffing levels. There is good team work here and it’s a very chilled atmosphere.”

- “Today’s staffing is good; it’s increased if a resident needs one-to-one. There’s always times when it can be a bit tight staff wise, say if someone is off sick last minute. There’s always room to improve but it’s very safe, 100%.”

There were enough staff on duty to meet the needs of the service users on the day of inspection, as we observed service users’ needs being responded to in a timely manner. We did query the gender mix of staff, as there were three male care assistants and one female senior residential worker on duty and the majority of service users were female. Staff stated that service users were given the choice of whether or not they wished to accept personal care from male staff. Discussion with the manager following the inspection identified that this gender mix was an anomaly due to staff annual leave and sickness. Review of the duty rota, which was submitted post inspection, confirmed that this was the case.

Staff confirmed that they received mandatory training, including adult safeguarding; “the trust is very training focused, so we get one or two trainings a month.” Staff also confirmed their knowledge and understanding of whistleblowing, “We are all well aware. I’m not a person to keep my eyes closed.” Discussion with staff identified their knowledge and awareness of fire safety arrangements.

Overall, the home was clean, warm and tidy. Electric fans were provided for service users who were too warm. There were several lounges, giving service users choice and privacy. Service users also had access to a secured garden, with ample seating, colourful decorations and outdoor games.

We noted some bathrooms required some repair and repainting; when we highlighted this to staff, they explained that there was ongoing refurbishment in the home and that the bathrooms were being replaced. This was also referenced throughout monthly monitoring reports. Following the inspection, the manager provided written evidence regarding the refurbishment and will maintain contact with RQIA estates inspectors when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and the homely and relaxed atmosphere.

Areas for improvement

No areas for improvement were identified within this domain during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

There was a happy atmosphere in the home. Service users were enjoying a cooked breakfast on the morning of inspection. Service users told us the breakfast was great; they warmly greeted one another and chatted excitedly about their plans for the day. Service users told us:

- “I’m feeling anxious today. But my social worker told me I can talk to the staff here when I feel that way, so I talk to Alison (staff on duty).”
- “The cook makes great food. I’m getting my Chinese tonight!”

We saw care being delivered promptly, and in a kind and courteous manner. Staff were knowledgeable about individual service user’s needs and preferences, for instance providing specific condiments for one service user. Staff were also able to anticipate service user’s needs, even when they were unable to clearly verbalise this.

A range of verbal and non-verbal communication styles were used with service users. Information, such as the menu or activities were provided in a written and pictorial format. Staff presented as adept at understanding service user’s communication and were able to describe how they use a range of techniques to effectively communicate with service users, depending on their needs and abilities. Service users who were unable to clearly verbally express their thoughts and feelings used a range of body language and facial expressions to confirm they were content. We saw service users smiling and using a range of noises to indicate they were happy. Staff told us, “There is good banter between the residents (service users) and staff. I like working here. We get very good handovers and debriefs, and we know how to communicate with residents – we can tell when someone is becoming distressed, how to manage it.”

Care records were holistic and person centred, and included extensive information on service user’s communication styles. A range of assessments were used, including ‘About You’ which detailed service user’s preferences, wishes and needs. Daily records were maintained, and short break report summaries were completed, reviewed and signed with the service user and/or their representative. Care plans were regularly reviewed and updated, both by the service user’s community team and staff in the home.

We did note that some care plans were not signed by the service user or their representative. Discussion with the person in charge identified that care records were being updated and reviewed, and they were able to provide copies of care plans which had been signed. Correspondence from the home following the inspection confirmed that one additional care plan had now been signed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care planning and delivery and the communication between service users, staff and service user representatives.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed staff treating service users with dignity, respect and compassion. Staff were cheerful, friendly and patient with all service users. Care was delivered in a way which promoted service users dignity and independence. Information on adult safeguarding and human rights were available in easy read form and available in the home.

Service users were offered choice throughout the day, including what they wanted to eat, drink, how they wished to spend their time, when they wanted to get up and when they wanted to get washed. Some service users felt comfortable enough to have a nap in the lounge after breakfast; others wanted to watch television and other service users were eager to go out for walk or shopping.

Bedrooms were not fully personalised as service users stayed on a short term basis only. We suggested that signage could be improved to support service user's independence in the home, such as personalised temporary signs for their bedrooms. Staff were then able to show us that these signs were maintained in care records; it had been an oversight that they were not on display. Staff agreed to address this on the day and ensure this was implemented.

We saw service users being supported to make decisions for themselves. For instance, one staff talked through options with one service user, in terms of how they were spending their day, and how to budget their money. Routines were adapted around the needs and wishes of the service users and staff were flexible regarding this.

Several service users were eager and excited about the day's scheduled activity, "We're going to go to Connswater." Service users told us how they enjoyed shopping, and wanted to look for jewellery and magazines. Given the bad weather, this activity was adjusted, and staff walked with service users to a nearby shopping centre. Service users could decide whether they wanted to carry their own money, or have staff do this for them.

There was ample supply of DVDs, CDs, board games and games such as darts available in the home. There were several lounge areas, including one which had a pool table. This meant there was sufficient space for service users who preferred quiet and private areas.

Staff told us:

- “I love the work. I love the residents. They are wee dotes.”
- “We do have a lot of activities. They (service users) really enjoy watching films and listening to music. We go for walks when the weather is good. It would be great to have our own bus to go out more, but I don’t think there is parking space.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and activities.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff confirmed that management arrangements were effective:

- “We (staff) had suggested a change in the shift patterns, which management agreed to.”
- “I like working here, it’s a good team.”
- “We have team meetings and we discuss things; we can speak out. Do management listen? I like to think yes.”

Review of complaints records was satisfactory. There was evidence of improvements being made to the home, in response to issues raised by service users and/or their representatives. Additional training and discussion at staff meetings ensured this learning was shared with all staff.

We reviewed the most recent Annual Quality Review report, which was adequate. It outlined recent and planned improvements to the home, including refurbishment of the bathrooms and that transport was going to be hired for activities.

We looked at a sample of audits which were satisfactory. Audits were conducted on a regular basis and contained clear actions plans. All staff reviewed and signed these to confirm areas had been addressed. This helped to maintain quality of care and drive improvement in the home.

Some monthly monitoring reports were not immediately available on the day of inspection; however the manager was able to provide these after the inspection. Review of these reports was satisfactory; feedback was gathered from service users, staff and relatives, and was positive about the care provided in the home.

Management of service user's monies

A finance inspection was conducted on 12 August 2019. A review of a sample of service users' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included copies of service users' financial arrangements, records of purchases undertaken on behalf of service users, records of the reconciliations of service users monies, records of service users' personal property and records of monies deposited on behalf of service users.

Financial systems in place at the home, including controls surrounding the management of service users' finances, were reviewed and were found to be satisfactory. A review of a sample of purchases undertaken on behalf of service users showed that the details of the purchases were recorded. Two signatures were recorded against each entry in the service users' transaction sheets. Receipts were available for the majority of the purchases sampled however, in line with good practice where a receipt was not available the record was annotated by a member of staff to reflect this.

No new areas for improvement were identified as part of the finance inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management and governance arrangements, the recording of transactions undertaken on behalf of service users, the retention of receipts from these transactions, maintaining up to date records of the reconciliations of service users' monies, issuing receipts to individuals depositing monies on behalf of service users, updating the records of service users' personal property and retaining copies of the details of service users' financial arrangements within their files.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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