

Inspection Report

11 July 2024



Mertoun Park

Type of service: Residential Care Home

Address: 17 Orchard Court, Knocknagoney, Holywood, BT18 9QE

Telephone number: 028 9504 0588

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Ms Danielle Lennon
Person in charge at the time of inspection: Ms Danielle Lennon - manager	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: 2
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 11 July 2024 from 9.30am to 4.40pm 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.

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

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.

New areas requiring improvement were identified. Please refer to the Quality Improvement Plan(QIP) for further 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.

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

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.

Residents unable to clearly verbally express their thoughts, indicated positively through body language or non-verbal communication, such as smiling or giving the thumbs up.

A relative spoken to was happy with the care and services provided in the home.

Three staff questionnaires were received following inspection. Two indicated a high degree of satisfaction with the care provided, and in the management of the home. One questionnaire had comments which were discussed with the manager for her attention.

Two relative questionnaires were received following the inspection indicating a high degree of satisfaction with the care and services provided by the home.

No additional feedback was received from residents following the inspection.

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 25 January 2024		
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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Please refer to section 5.2.1 for details.	
Area for Improvement 2 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 19 (3) (b) Stated: First time	The registered person shall ensure that all required records are available for inspection by the RQIA.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 4 Ref: Regulation 16.1 Stated: Second time	The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative, as to how their needs will be met.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 Ref: Regulation 16.1 Stated: Second time	The registered person shall ensure that the care plan is signed by the resident, and or their representative, where appropriate.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 6 Ref: Regulation 12 (1) (a) Stated: First time	The registered person shall provide care to residents in accordance with the statement of purpose and ensure that the care meets residents' individual needs. The Registered person should review the care of the identified resident to ensure that their needs are being appropriately met and care provided in their best interests.	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 (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 17.10 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 Ref: Standard E8 Stated: Second time	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	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Standard 1 Stated: First time	The registered person shall ensure that residents' views are taken into account in all matters affecting them and are involved in decisions affecting their quality of life.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of recruitment records highlighted that there was no evidence of full pre-employment checks for two staff, on the day of inspection. This was discussed with the manager and an area for improvement was stated for a second time. Evidence of the full pre-employment checks for the two staff was forwarded to RQIA following the inspection.

Review of staff training highlighted that there was not specific training for staff in relation to learning disability, for example autism awareness. An area for improvement was identified.

There was a system in place to ensure staff were appropriately registered with the Northern Ireland Social Care Council (NISCC)

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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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, 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.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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 and tidy.

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.

A number of wardrobes in resident's bedrooms were not attached to the wall. Not all resident's bedrooms had a lockable storage space for them to keep valuables in for example. This was discussed with the manager and two new areas for improvement were identified.

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.

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

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence of regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

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 display up in the foyer highlighting pictures of outings with residents that had taken place. There was no planned programme of activities on display in the home. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Danielle Lennon has been the Registered Manager in this home since 22 July 2024

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately

There was a system in place to manage complaints.

Staff commented positively about the manager and described her 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 (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	1*	5*

* the total number of areas for improvement includes one under Regulation that has been stated for a second time, and one under the Standards which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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: Second 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>Response by registered person detailing the actions taken: The registered manager has developed a checklist to ensure evidence is available of all completed pre-employment checks and these are available for inspection.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard E8 Stated: Second time To be completed by: 1 July 2024	<p>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</p> <p>Ref: 5.1</p> <p>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.</p>
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 1 November 2024	<p>The registered person shall ensure that staff are trained for their roles and responsibilities. This is stated in relation to training specifically for learning disability care.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered manager has sourced online training in Disability Awareness, Promoting Quality Care in Learning Disability Services and Sensory Awareness for all staff to complete to enhance their training and skills. The registered manager will ensure all staff have completed this training by the agreed date of the 1st November 2024. The registered manager has contacted the BHSCT training team to highlight the gap in availability of refresher training in Learning Disability awareness following the 2 day Learning Disability Induction programme currently by all staff on commencement of post.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that all wardrobes in the home are securely attached to the wall.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager submitted a request to BHSCCT Estates department immediately following inspection to secure all wardrobes to the wall. Works were completed by estates on the 21st July 2024.</p>
<p>Area for improvement 4</p> <p>Ref: Standard E26</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2024</p>	<p>The registered person shall ensure that each residents bedroom has a lockable storage space, for use by the resident.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager submitted a request to BHSCCT Estates Department immediately following Inspection for lockable storage in all bedrooms, and works were completed on 19th July 2024. Resident care plans have been updated to reflect availability of lockable space for their use.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2024</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and location for residents and their representatives.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Following Inspection the Registered Manager requested the placement of a noticeboard highlighting the programme of activities available to residents. This will be displayed in the main hallway which can be viewed by residents and their representatives. Placement is pending delivery.</p>

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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
 [@RQIANews](https://twitter.com/RQIANews)

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