



# Announced Care Inspection Report 14 September 2020



## Mertoun Park

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

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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 residential care home registered to provide residential care for up to eight residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)	<b>Registered Manager and date registered:</b> Patrick Heaney - 4 January 2019
<b>Responsible Individual:</b> Catherine Jack (registration pending)	
<b>Person in charge at the time of inspection:</b> Patrick Heaney, registered manager	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of service users in the residential care home on the day of this inspection:</b> 1

### 4.0 Inspection summary

An announced inspection took place on 14 September 2020 from 10:00 to 13:15 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Management arrangements
- Staffing
- Governance systems
- Infection prevention and control (IPC)
- Quality of life for residents
- Quality improvement
- Nutrition

The residents consulted with spoke positively on living in Mertoun Park and some of the comments are found in the main body of the report.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Patrick Heaney, manager, Jane McGowan, statutory accommodation manager and Victoria Dornan, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Staff duty Rotas
- Staff training records
- A selection of quality assurance audits for March to July 2020
- Regulation 29 monthly quality monitoring reports for May to July 2020
- Complaints analysis March to July 2020
- A selection of compliments from January to July 2020
- Incident and accident analysis records from March to July 2020
- Minutes of residents'/relatives' meetings January to July 2020
- Minutes of staff meetings January to July 2020
- Activity planner for July 2020
- Menus for July 2020
- Management structure of the home
- On call cover arrangements for the home
- Three residents' care records.

During the inspection RQIA were able to consult with a resident and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via ZOOM, with Patrick Heaney, manager.

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 previous inspection(s)

The most recent inspection of the home was a combined unannounced care and finance inspection undertaken on 10 and 12 August 2019.

There were no areas for improvement identified as a result of the last care inspection.

### 6.2 Inspection findings

#### 6.2.1 Management arrangements

There had been no change in the manager since the last care inspection. The manager confirmed that the home was operating within its registered categories of care. The management structure of the home was provided and reviewed and found to be clear and complete.

Details were provided for the on-call arrangements for out of hour's contacts in the event of an emergency. In the absence of the manager the deputy manager would assume the responsibility for taking charge of the home.

#### 6.2.2 Staffing

There was one resident in the home on the day of inspection. The staffing availability in the home was seen to be appropriate to meet the residents' care needs. Review of the staffing rotas also confirmed that staffing was safe and no concerns were raised by staff or the resident.

Staff spoken with were familiar with their roles and responsibilities and confirmed that training was provided to ensure they had the knowledge to provide the most appropriate care to residents.

As part of the inspection we also asked residents, family members and staff for their comments on staffing levels via questionnaires. A total of five questionnaires were returned and confirmed that there were no concerns with staffing levels.

#### 6.2.3 Governance systems

We reviewed a sample of the quality monitoring audits of working practices within the home and saw that these had not been regularly completed for hand hygiene, infection prevention and control, the environment, nutrition, restrictive practices, falls and care records. No actions were recorded for those audits which had been completed. An area for improvement was made.

The record of the monthly quality monitoring reports were received prior to the inspection and reviewed. They had been completed for June and August 2020 but had not been completed regularly on a monthly basis. This was discussed with the manager and an area for improvement was made.

Complaints in the home were monitored on a monthly basis and we found this to be well documented regarding the complaints detail and outcome of the complaints. There had been three complaints in the home since January 2020 which had all been resolved to the complainants' satisfaction.

The analysis of accident and incidents in the home were completed on a monthly basis and on review it was found that not all notifiable events had been reported to RQIA. This was discussed with the manager and an area for improvement was made.

We chatted to a number of staff in the home who told us they felt supported by the manager and management team throughout the COVID pandemic. They said that the staff worked well as a team and supported each other on a daily basis.

Care plans were reviewed for two residents' records. Care plans were documented with residents' assessments and about me records. Records were informative and gave good direction on care requirements for the residents. The records required agreement and signing by the residents/representatives. An area for improvement was made.

#### **6.2.4 Infection prevention and control (IPC)**

We observed signs at the entrance of the home giving advice and information on the current COVID-19 precautions in place. There were questionnaires for visitors to complete regarding COVID-19 prior to entering the home. Cleaning was taking place throughout the home and staff confirmed that cleaning was increased throughout the day due to the current pandemic.

Staff were using personal protective equipment appropriately throughout the inspection. Staff told us:

"The home is clean and this makes us feel safe."

"We are cleaning everyday with touch points cleaned regularly."

The home appeared clean and tidy with clutter free corridors and fire exits. Residents' bedrooms, lounges, bathrooms and dining area were inspected and were well presented.

#### **6.2.5 Quality of life for residents**

On the day of inspection there was only one resident in the home due to efforts to prevent the spread of COVID -19. The resident was happy and enjoying games in the lounge with staff. The resident told us:

"I like it a lot (the home)."

"They are always around (staff)."

Residents meetings were held throughout the year and discussed residents' views on life in the home. The minutes of the meetings were well documented, however following discussion with the manager it was agreed that actions and outcomes should be added to the minutes. This will be reviewed at the next inspection.

Review of the menu documentation provided by the home showed that daily menus were not recorded. Choice of menu for residents was discussed with the manager who agreed to put this in place for residents and record on a daily basis. This will be reviewed at the next inspection.

As part of the inspection questionnaires were provided for residents or family members for their comments. A total of two questionnaires were returned and confirmed that they were satisfied that care was safe, effective, compassionate and well led.

We saw a number of lovely compliments which had been received by the home from families and residents, including;

- “All staff are very attentive and caring.”
- “Mertoun Park is great and my son is in brilliant hands.”
- “Thanks you for all your hard work.”

**6.2.6 Quality improvement**

There were no quality improvement plans or completed quality improvement work submitted to RQIA for review prior to this inspection.

**6.2.7 Nutrition**

The food supplied to the home was varied and included all nutritional food groups. As there was only one resident who went home on the day of inspection we were unable to view the lunch time meal. This will be reviewed at the next inspection.

Care documentation provided information on residents nutritional care needs and input from other professionals were this was necessary. Staff spoken with were aware of residents’ preferences with meals and fluids. A resident told us:

“Delicious food, chicken pie and pizza.”

Snacks and drinks were provided for the resident during the morning taking into account his preferences. The kitchen was well stocked with a variety of foods for residents if they preferred an alternative meal or snack.

**Areas for improvement**

Areas for improvement were identified in relation to: completion of quality audits, the monthly monitoring visits, reporting of notifiable events to RQIA and care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

**6.3 Conclusion**

The home was clean and tidy.

Feedback from residents, relatives and staff was positive.

The day after the inspection the deputy manager provided documents requested for review.

Areas for improvement are detailed in the QIP.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick Heaney, manager, Victoria Dornan, deputy manager and Jane McGowan, statutory accommodation manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of this inspection	<p>The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person will ensure that all notifiable events are sent through the RQIA portal in a timely fashion.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2020	<p>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.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has reviewed the auditing process and has implemented the changes required. The auditing process has been streamlined to ensure work practices are audited on a monthly basis and that actions are captured and implemented in line with documented policies and procedures .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2020	<p>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.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A monitoring visit takes place each month, and the registered person ensures that any identified improvements are actioned.</p> <p>A service user's meeting takes place each month, and the views of the service users will be analysed and actioned so that the quality of their stay can be maximised.</p> <p>The registered person will ensure all actions are documented and action taken recorded.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2020</p>	<p>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.</p> <p>Ref: 6.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person will continue to ensure that residents or their representatives, where appropriate sign the care plan alongside the person responsible for drawing up care plan . The Registered Manager will audit this on a monthly basis .</p>

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



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