



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 February 2019



Mertoun Park

Type of Service: Residential Care Home

**Address: 17 Orchard Court, Knocknagoney, Hollywood,
BT18 9QE**

Tel No: 028 9504 0588

Inspector: Kylie Connor

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eight places that provides a respite service with care and accommodation for adults with a learning disability.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Dillon	Registered Manager: Patrick Heaney
Person in charge at the time of inspection: Lisa Lawrenson, senior support worker	Date manager registered: 4 January 2019
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 08.05 to 11.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during the last care inspection and sought 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 communication between residents and staff and of the mealtime experience.

Areas of improvement were identified in regard to completion of a risk assessment and care plan in regard to absconding and a care plan in regard to the management of smoking.

Residents said that they had good relations with staff and that they enjoyed the food.

Staff said that the quality and variety of meals was good.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents and staff during and following the inspection

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lisa Lawrenson, senior support worker and following the inspection with with Patrick Heaney, registered manager and Anne Campbell, operations 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector greeted and spoke with four residents in the dining room during breakfast time and also met with the person in charge and one care staff. Following the inspection the inspector spoke with the registered manager and the operations manager.

The following records were examined during the inspection:

- care records for one resident
- the menu
- monthly checks of fire-fighting equipment and emergency lighting
- a sample consent records for night checks

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 7 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 7 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20.(1) (a) Stated: First time	The registered person shall review the numbers of senior support workers employed in the home to ensure that they are employed in sufficient numbers as are appropriate for the health and welfare of residents.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussions with staff and the operations manager. The operations manager reported that a review had been undertaken and a shortfall of a part-time senior support worker had been identified; interviews had been held and conditional offers made for this post and a number of other positions. The operations manager advised that following a recent recruitment drive two Band 3 positions remain vacant but that another recruitment process is underway to fill these. A recruitment process was also taking place in regard to the deputy manager position; the operations manager Subsequently advised that an appointment had been made and the deputy manager would commence employment the week of 18 March 2019. Discussions with staff confirmed that they were aware that these recruitment processes were taking place; staff reported that shifts were mainly covered from within the team or through trust bank staff who were knowledgeable about the service; on a rare occasion, identified agency staff were used who were familiar with the service. One returned	

	<p>staff questionnaire commented that staff sickness had led to, 'an over reliance on bank staff.' The operations manager reported that recent staff absence through short-term sickness had been managed and gave assurances that staffing levels were safe and appropriate to meet the needs of residents' accommodated in the home.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken in the home in respect of:</p> <ul style="list-style-type: none"> the practice of wedging fire doors ceases and a review is undertaken to identify the need for hold open devices linked to the fire alarm monthly checks of fire-fighting equipment and emergency lighting are undertaken on a regular and consistent basis <p>Action taken as confirmed during the inspection: Compliance was confirmed following an inspection of the environment and records of fire safety checks.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 27.3 (N29)</p> <p>Stated: First time</p>	<p>The registered person shall:</p> <ul style="list-style-type: none"> Review the design and suitability of two identified showers in the home to ensure that resident's needs can be met <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the person in charge and with the operations manager who verified that one shower was identified to be modified; work was expected to be completed by 30 May 2019.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a care plan is in place following the completion of a needs assessment in regard to:</p> <ul style="list-style-type: none"> The identification and management of pain and discomfort The management of residents' weight in line with current best practice The management of night checks, to address issues raised by staff and noted in the report 	Met

	<p>Action taken as confirmed during the inspection: Compliance was confirmed following review of consent records, care records for two residents and discussion with staff.</p>	
--	--	--

6.3 Inspection findings

6.3.1 Meals and mealtime

Part of the breakfast meal-time was observed; this was provided at a conventional time. There was a relaxed and friendly atmosphere as residents took their places in the dining room.

The dining room was clean and well lit and there was sufficient space around the tables to afford residents and staff ease of movement. A pictorial menu was on display in the dining room. Suitable crockery, cups and glasses were provided to meet the needs of residents.

A review of the menu and discussion with staff confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Staff reported that full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.

Staff were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI). Information had been disseminated to staff and training was being arranged through the trust. A colour IDDSI chart was available for staff reference.

The breakfast options consisted of for example, a choice of cereal, toast, jam, marmalade, fruit, yogurt and a choice of hot and cold drinks. Discussion with staff confirmed that variations to the menu are available including, frozen fish fingers, chicken nuggets, chips, soup, baked beans and eggs; a choice is also offered to those on therapeutic or specific diets. Discussions with staff confirmed that there is good communication between care staff and support service staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during breakfast evidenced that there was a relaxed atmosphere which was further enhanced through a radio that was on in the background. Staff were knowledgeable of residents' likes, dislikes and preferences. Residents' breakfast was well presented in a consistency that met residents' needs. Staff offered residents' a choice of cold drinks and residents ate at their own pace. Some residents engaged in conversations with staff about their plans for the day ahead; staff also asked residents if they had slept well during the night. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance.

Staff providing assistance were attentive towards residents, demonstrated a person centred approach and compassion in their manner. When necessary, staff gently encouraged residents to eat and sought feedback from residents about their breakfast, asking if they had had enough.

Discussion with staff confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times. Staff reported that some residents enjoy going out to eat and that some residents had gone out for supper the previous evening.

Senior care staff are responsible for the food order and take into account the nutritional requirements, likes and dislikes of residents booked in for a respite stay. This information informs food ordering and the variety of variations made available.

A review of one resident's care records and discussion with staff confirmed that residents' weight is monitored. Where a resident's appetite is reduced or is excessive a record is kept and reported to the manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussions with staff and review of a care record identified that a risk assessment had not been completed in regard to absconding and a care plan had not been completed for the management of smoking including smoking materials.

6.3.2 Feedback received from residents and staff during and following the inspection

Residents said that they had good relations with staff, that they were happy with the food and the home's environment. One resident verified that his bed was comfortable. Another resident said that he attends a day centre several times during the week and the home provides a packed lunch for him that consisted of his choice of sandwich, drink and fruit. He said that he liked the packed lunch.

Comments received from a resident included:

- "It (dinner last night) was lovely. I had southern fried chicken and potato wedges."
- "The staff are great."

Staff spoken with reported that they can meet the needs of residents in the home and that there is good communication between all staff. Whilst a recruitment process was underway, staff said that recent staff sickness had posed some difficulties but that it was 'nothing major' and that 'for the most part we have got by.' Staff said that the quality and variety of meals was good.

Staff commented:

- "Generally the food is grand, there are times I eat it."

Three completed questionnaires were returned to RQIA from staff.

Staff described their level of satisfaction with is care safe as very satisfied, satisfied and unsatisfied.

Two staff described their level of satisfaction with is care effective as satisfied and one staff described their level of satisfaction as unsatisfied.

Two staff described their level of satisfaction with is care compassionate as very satisfied and one staff described their level of satisfaction as very unsatisfied.

Two staff described their level of satisfaction with is the service well-led as satisfied and one staff described their level of satisfaction as very unsatisfied.

One staff made a comment in regard to staff shortages due to sickness and subsequent reliance on bank staff and one staff commented upon the need for improved communication and support. The responses and comments were shared with the operations manager for follow-up and action as required. The operations manager advised that she would be attending the next staff meeting.

Areas of good practice

Areas of good practice were identified in regard to communication between staff and residents and in regard to the meal-time experience for residents.

Areas for improvement

Two areas for improvement were identified in regard to a risk assessment and care plan in regard to the management of absconding and a care plan should be completed in regard to the management of smoking.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa Lawrenson, senior support worker and following the inspection with Patrick Heaney, registered 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 care 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2019</p>	<p>The registered person shall ensure that risk assessments are completed in regard to the risk of absconding.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken: In response to this area of improvement the registered person has ensured risk assessments in regard to absconding have been completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2019</p>	<p>The registered person shall ensure that a care plan is completed in regard to:</p> <ul style="list-style-type: none"> • the management of smoking including smoking materials • absconding <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has ensured a care plan has been completed in regard to</p> <ul style="list-style-type: none"> - the management of smoking and all smoking materials - absconding.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)