

Unannounced Care Inspection Report

23 March 2017



Mertoun Park

Type of service: Residential Care Home

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Tel no: 028 9504 0588

Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Mertoun Park took place on 23 March 2017 from 10.35 to 16.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to adult safeguarding and infection prevention and control.

Significant fire safety issues were identified during the inspection. Given the findings of this inspection the fire safety issues identified were required to be actioned under a failure to comply notice issued under Regulation 27. (4)(a)(b) of The Residential Care Homes Regulations (Northern Ireland) 2005.

Concern was also noted in regards to the lack of hot and cold water and showering provision on the first floor of the home. This was significant as the care records for one resident indicated that they require the use of a shower as using a bath would be considered a risk. There were no shower facilities available on the day of the inspection. However this was disputed during the failure to comply meeting and the notice pertaining to this issue was not served.

Three requirements were made to secure compliance and drive improvement.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

On the day of the inspection, significant renovation works were underway to the first floor of the home. RQIA were not notified of this matter. Given the findings of this inspection this issue identified was required to be actioned under a failure to comply notice issued under Regulation 32. (1) (h) of The Residential Care Homes Regulations (Northern Ireland) 2005.

One requirement was made to secure compliance and drive improvement. A further requirement was made to ensure that the monthly monitoring visits are completed and a report produced.

Following the inspection as previously referred to, senior management in RQIA agreed that the registered person would be required to attend a meeting in the Authority, with the intention of issuing three failure to comply notices in regards to the failure to notify RQIA of renovations to the home, fire safety issues and the lack of hot and cold water and showering provision on the first floor of the home.

This meeting was held on 30 March 2017 and the registered provider was represented by Jacqui Austin, Governance Manager, Esther Rafferty, Service Manager and Patrick Heaney, Registered Manager, Mertoun Park. During the meeting assurances were provided to RQIA in relation to the provision of hot and cold water and showering provision within the home and the notice pertaining to this issue was not served.

Actions were outlined that had and would be taken to address the concerns identified in terms of the fire safety issues and the failure to notify RQIA of renovations to the home, RQIA were not fully assured that these had been sufficiently embedded into practice.

Given the potentially serious impact it was confirmed that breaches in The Residential Care Homes Regulations (Northern Ireland) 2005 had occurred and therefore two failure to comply notices, Regulation 27. - (4)(a) and (b) in relation to fire safety and Regulation 32. - (1)(h) in relation to the failure to notify RQIA of renovations to the home, were issued.

A further inspection will be undertaken to validate that compliance has been achieved and sustained.

A follow up meeting was requested by RQIA and senior trust management to discuss the management arrangements of Mertoun Park, along with roles and responsibilities of the registered manager.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Patrick Heaney, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 September 2016.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust	Registered manager: Patrick Heaney
Person in charge of the home at the time of inspection: Patrick Heaney	Date manager registered: 8 December 2015
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 14

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and QIP and notifications of accidents/incidents.

During the inspection we met with three residents, three care staff and the registered manager.

We examined the following records during the inspection:

- Staff duty rota
- One staff competency and capability assessment
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Annual Quality Review report

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested time frame.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 September 2016

The most recent inspection of the home was an unannounced care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 27 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16(1) Stated: First time To be completed by: 4 October 2016	The registered provider must ensure that a needs assessment and care plan is completed for one identified individual. Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that a needs assessment and care plan was completed for one identified individual. This resident has subsequently moved to another facility. A review of three care records confirmed that there was an assessment and care plan present in each care record.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 31 December 2016	The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion. Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the Trust have adopted the current regional guidance as their adult safeguarding policy. The registered manager confirmed that a safeguarding champion has been established.	Met

<p>Recommendation 2</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: 28 September 2016</p>	<p>The registered provider should ensure that where residents are admitted to the home on an emergency basis, sufficient current multi-disciplinary assessments are obtained prior to admission to inform the assessment process.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that he has developed a protocol to ensure that the necessary information is sought following an emergency admission to the home. This would include current multi-disciplinary assessments.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 4 October 2016</p>	<p>The registered provider should ensure that robust systems are implemented to ensure that care needs assessments and care plans are completed in a timely manner after residents are admitted to the home.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager identified that he has developed a protocol to ensure that the necessary information is completed, in a timely manner, following an emergency admission to the home.</p>		

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff arrangements within the home.

We discussed with the registered manager and staff the trust induction programme. This remains in place for all staff, relevant to their specific roles and responsibilities.

In our discussions with staff they confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained in the home.

The registered manager and staff confirmed to us that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed and we found this to be satisfactory.

In our discussions with the registered manager we confirmed that staff were recruited in line with Regulation 21(1)(b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Discussion with the registered manager confirmed that the trust have adopted the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) as their adult safeguarding policy. The registered manager confirmed that a safeguarding champion has been established. A copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. In our discussions with staff they confirmed that they were aware of the new regional policy and a copy was available for staff within the home.

A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed to us that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed that equipment in use in the home was well maintained and regularly serviced. Our observation of equipment during the inspection validated this.

Our inspection of the premises confirmed that there were wash hand basins located on the ground floor, adequate supplies of liquid soap and disposable towels wherever care was delivered. Notices promoting good hand hygiene were displayed in bathroom areas.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the Trust's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

We undertook a general inspection of the home and the residents' bedrooms were found to be personalised. The home was appropriately heated.

During the inspection there were significant renovations underway to the first floor of the home including the creation of additional bathrooms on the first floor. There were three bedrooms in use on the first floor. These residents had no access to a toilet or bathroom facilities on this floor. There were two toilets on the ground floor. The bedrooms occupied on the first floor had sinks however the staff reported that the water was currently turned off upstairs due to the work ongoing in the home.

This was particularly significant as the care records for one resident indicated that they require the use of a shower as using a bath would be considered a risk. There were no shower facilities observed on the day of the inspection and the registered manager did not provide information regarding alternative facilities, although at a later date he insisted that there were.

The home had a fire risk assessment in place dated 3 August 2016. Whilst the registered manager advised the fire risk assessor was consulted there was no evidence to support this had been undertaken and the fire risk assessment had been reviewed to reflect the ongoing renovation work in the home. A requirement was made in this regard.

A review of the fire safety records identified that the weekly checks of fire systems and fire alarm testing had not been completed since the 7 February 2017. An entry was made for 14 and 20 February 2017 to say that "renovation is going on". In discussion with the registered

manager he believed that this was satisfactory for these checks not to be completed despite the increased fire risk when work was underway in the home.

We reviewed the fire safety records and identified that the daily checks were not completed on 6, 8, 9, 18 and 21 March 2017. On the day of the inspection one of the stairwells leading to an escape route was partially obstructed by building materials. A review of the 'Waking Night Cover Check List' indicated that the back stairwell was obstructed due to the building works for the period of 2 March 2017 to the 22 March 2017. A requirement was made to ensure that the daily and weekly checks are recommenced immediately. A second requirement was made to ensure that all fire exit routes are unobstructed and a written record is maintained of these checks.

During and after the inspection the registered manager was asked to submit an action plan to RQIA to outline and confirm the actions taken to ensure the fire safety issues were addressed and that robust fire safety arrangements were in place. This was not received within the timescale agreed.

One comment made on a returned questionnaire from a staff member was:

- "All members of staff are involved in patient care. Patients and staff also have an induction/transition process"

Areas for improvement

The registered person must ensure that the current fire safety risk assessment is updated to reflect the ongoing work in the home and submitted to RQIA.

The registered person must ensure that the daily and weekly checks of fire systems and the fire alarm tests are immediately recommenced.

The registered person must ensure that all fire exit routes are unobstructed and a written record is maintained of these checks.

Number of requirements	3	Number of recommendations	0
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4.4 Is care effective?

The registered manager advised that staff in the home responded appropriately to and met the assessed needs of the residents.

Our review of three care records confirmed that these were maintained in line with the legislation and standards. They included an assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, where appropriate) were reviewed and had been updated on a regular basis or as changes occurred.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were signed by the resident and/or their representative.

The registered manager confirmed to us that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, attendance at multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and in our observation of practice highlighted that staff were able to communicate effectively with residents. Minutes of resident meetings were reviewed during the inspection.

One comment made on a returned questionnaire from a staff member was:

- "Regular handovers and staff approachable regarding client's needs"

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

In our discussion with staff and residents they confirmed that residents' spiritual and cultural needs, were met within the home and that action would be taken to manage any pain and discomfort in a timely and appropriate manner.

In our discussion with residents and staff along with our observation of care practice and social interactions revealed that residents were treated with dignity and respect. The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed to us that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents' meetings and care management reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Discussion with staff and residents and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection two residents were out at day care. The other residents were supported on an

outing. Arrangements were in place for residents to maintain links with their friends, families and wider community.

One comment made by a resident was:

- “I am getting on good in here. I went to see the cinema and we might go to the park in the afternoon”

Comments made by staff members included:

- “The manager is very supportive, very approachable and would address any concerns or issues. We plan for individual residents and decide how they are going to be accommodated”
- “The team work is good. There is good communication, everyone works well together and everyone has different tasks to do. The manager is very approachable, fair, listens to everyone’s opinion. Staffing is generally good”
- “Everyone makes you feel part of the team and you get support if you need it. There is good sharing of information and good preparation. The manager is very hands on and makes time for everyone. The staff do what the residents need to deliver the care”

One comment made on a returned questionnaire from a resident was.

- “I like that I’m safe here and someone is always with me”

One comment made on a returned questionnaire from a staff member was:

- “Service users receive a short break summary with their opinions and I am aware that there are household meetings with clients to discuss improvements. A professional team with excellent patient rapport”

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

We noted that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

Significant renovation works were underway to the first floor of the home including the creation of additional bathrooms. The plan was to divide the first floor into two separate living areas. RQIA were not notified in writing of this matter.

At the last care inspection on 27 September 2016 RQIA advised the registered manager and Head of Service of the requirement to notify RQIA of any proposed renovation work. A

requirement was made to ensure that the variation to registration documentation is submitted to RQIA and that RQIA are informed of any future alterations to the home.

A follow up meeting was requested by RQIA and senior trust management to discuss the management arrangements of Mertoun Park, along with roles and responsibilities of the registered manager.

A review of the monthly monitoring visits as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 was undertaken during the inspection. This identified that there was no record available of the visits completed in October and November 2016 and February 2017. A requirement was made to ensure that the monthly monitoring visits are completed and a report produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was an organisational structure in place and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. An RQIA certificate of registration was displayed.

The returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed also that staff could also access line management to raise concerns they will offer support to staff.

In our discussion with staff they confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

The registered person must ensure the required variation to registration documentation is submitted to RQIA in accordance with the legislation.

The registered person must ensure that RQIA are informed of any future alterations to the home.

One further area for improvement was identified within the QIP in regard to the monthly monitoring reports

Number of requirements	2	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the complete to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27. - (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 19 April 2017</p>	<p>The registered person must ensure that the current fire safety risk assessment is updated to reflect the ongoing work in the home and submitted to RQIA.</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>In response to this requirement the registered person has ensured the fire risk assessment has been updated, signed and dated by the fire officer to reflect the ongoing work in the home.</p> <p>The fire risk assessment was submitted to RQIA on the 3rd April 2017.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27. - (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 19 April 2017</p>	<p>The registered person must ensure that the daily and weekly checks of fire systems and the fire alarm tests are immediately recommenced.</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>In response to this requirement, the registered person has ensured daily and weekly checks of the fire system were recommenced on the 27th March 2017.</p> <p>Written records of daily and weekly checks are maintained.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27. - (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 19 April 2017</p>	<p>The registered person must ensure that all fire exit routes are unobstructed and a written record is maintained of these checks.</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>In response to this requirement, the registered person has ensured that all fire exits routes are unobstructed. These have been unobstructed since the 27th March 2017.</p> <p>Written records of fire exit checks are maintained.</p>

<p>Requirement 4</p> <p>Ref: Regulation 32. - (1) (h)</p> <p>Stated: First time</p> <p>To be completed by: 19 April 2017</p>	<p>The registered person must ensure the required variation to registration documentation is submitted to RQIA in accordance with the legislation.</p> <p>The registered person must ensure that RQIA are informed of any future alterations to the home.</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>
<p>Requirement 5</p> <p>Ref: Regulation 29 (3)</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>Response by registered provider detailing the actions taken: In response to this requirement, the registered person has ensured the variation to registration documentation has been submitted to RQIA (28th March 2017) in accordance with legislation.</p> <p>The registered person will ensure RQIA are informed of any future alterations to the home.</p> <p>The registered provider must ensure that the monthly monitoring visits are completed and a report produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.</p> <p>Response by registered provider detailing the actions taken: In response to this requirement, the registered provider will ensure that the monthly unannounced monitoring visits are completed and a report produced and made available for residents, their representatives, families, staff, trust representatives and the RQIA to read.</p>



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