

# Inspection Report

25 January 2024



## Mertoun Park

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust (BHSCT)	<b>Registered Manager:</b> Mrs Danielle Lennon - not registered
<b>Responsible Individual:</b> Dr Catherine Jack	
<b>Person in charge at the time of inspection:</b> Mrs Danielle Lennon - 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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 1
<b>Brief description of the accommodation/how the service operates:</b>  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 25 January 2024, from 9.40 am to 5.00 pm by a care inspector.

RQIA received information on 3 January 2024 which raised concerns in relation to the continuity of care of an identified resident. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised. These concerns are discussed in the main body of the report.

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) in section 6.0 for details.

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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection

### 4.0 What people told us about the service

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.

Staff spoken with commented on their concerns about the continuity of care for an identified resident. This resident was in an emergency bed, and was required to discharge to another unit one day in the week, and then be readmitted the next day back to Mertoun Park. Staff were also concerned about behaviours with the identified resident becoming more challenging, with an increase in incidents towards staff. Staff felt this increase in challenging behaviours was due to a lack of continuity in the care provided.

Staff also felt there was a need for additional staff member to be on duty.

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

No additional feedback was received from residents, relatives or staff following the inspection.

### 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 8 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 21 (1)(b)  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16.1  <b>Stated:</b> First time	The registered person shall ensure that a written care plan is prepared in consultation with the resident or residents representative, as to how their needs will be met.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. Please refer to section 5.2.2 for details.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16.1  <b>Stated:</b> First time	The registered person shall ensure that a written care plan is prepared in consultation with the resident or residents representative. This is stated in relation to the care plan being signed by the resident or their representative.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. Please refer to section 5.2.2 for details.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 32 (1)(h)  <b>Stated:</b> First time	The registered person shall submit a variation to inform RQIA of the proposed change of purpose of the rooms on the first floor.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure that all notifiable accidents and incidents are made to RQIA in accordance with legislation.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 19 (3) (b) <b>Stated:</b> First time	The registered person shall ensure that all required records are available for inspection by the RQIA.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.4 <b>Stated:</b> First time	The registered person shall ensure that a referral form providing all information, including any risk assessments, is completed before the resident is admitted.  <b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time	The registered person shall ensure that a resident has an up to date assessment of their needs.  <b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard E8	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.	<b>Not met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Call bell points for residents were not available in some areas of the home. This area for improvement was not met and has been stated for a second time.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time	<p>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.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements, Care Delivery and Record Keeping

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.

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.

Management in the home had recently agreed an additional staff member to be on duty in the home during afternoons and at night time. Care staff felt there was a need for another additional staff member to be on duty. They were of the opinion that this was especially the case when the unit was fully occupied at weekends, to meet the needs of all the residents. This feedback was shared with the manager for review and action as required. It was positive to note that management had held a recent meeting with staff to discuss staffing levels in the home, and another meeting was already scheduled to review this.

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.

Staff spoke of how they felt that the care offered to one identified resident, in relation to having to be discharged one day a week, and then readmitted to the home, was not consistent to meeting the resident's identified needs. Staff expressed concern that this resulted in an increase in challenging behaviours due to a lack of continuity in the care provided. There had been an increase in incidents of challenging behaviours involving this resident, over recent months.

These incidents, as well as support for the home, is discussed at a weekly multi-disciplinary team meeting within the BHSCT. The findings were shared with the management team for their action and review.

The identified resident's care plan was not reflective of their needs in relation to behaviours that challenge, and of the resident's routine in respect of where they were residing on a weekly basis. The therapeutic support plan for this identified resident had indicated the resident required consistency in care, structured routine and lower amounts of noise in the environment; these being identified triggers for challenging behaviour. The weekly split between two respite units was not reflective of the behavioural support plan's recommendations. At the weekends the home can be fully occupied, creating potential for a noisy environment. The care plan did not reference how this was managed.

The care plan did not reflect the process that was followed to ensure the resident's weekly routine, and the plan of split accommodation in the service had been discussed with the resident or their representative before admission. The care plan was not signed by the resident or their representative. Two new areas for improvement were identified, and two areas for improvement were stated for a second time.

Residential Homes should have a Statement of Purpose setting out the aims and objectives of the home and the facilities and services it offers. Mertoun Park's Statement of Purpose (SoP) describes the home as being a short break service for persons with a learning disability, with one bedroom for 'emergency accommodation'. Whilst the resident was originally admitted on this basis, in effect, this bed is currently being used to accommodate a resident who requires permanent, residential accommodation, which the home is not set up to provide. The current manner in which this bed is being used, requiring the resident to move one day a week, may not be meeting the needs and best interests of the individual accommodated. An area for improvement was identified.

### **5.2.2 Quality of Life for Residents**

Observation of the residents highlighted they were able to choose how they spent their day. For example, residents could spend time in their rooms or in the lounge area.

The home was calm and staff were interactive with residents, offering choice and spending time with them.

### **5.2.3 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Danielle Lennon is the manager of the home and is submitting an application to register with RQIA.

## **6.0 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 1:1).



	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	3*

\* the total number of areas for improvement includes three that have been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Danielle Lennon, manager, and 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	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 21 (1)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 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><b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of Inspection.	<p>The registered person shall ensure that all notifiable accidents and incidents are made to RQIA in accordance with legislation.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (3) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of Inspection.	<p>The registered person shall ensure that all required records are available for inspection by the RQIA.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 16.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2024	<p>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.</p> <p>Ref: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has ensured that a written care plan, as to how the resident's needs may be met, is prepared in consultation with the resident and their representative.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 April 2024</p>	<p>The registered person shall ensure that the care plan is signed by the resident, and or their representative, where appropriate.</p> <p>Ref: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has ensured any care plan is signed by the resident and their representative.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 April 2024</p>	<p>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.</p> <p>Ref 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager shall provide care to residents in accordance with the statement of purpose, ensuring this meets resident's individual needs. The registered manager has reviewed the care of the identified residents ensuring their needs are being appropriately met and care provided in their best interests.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>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.</p> <p>Ref: 5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard E8</p> <p><b>Stated:</b> Second time</p>	<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>

<b>To be completed by:</b> 1 July 2024	<b>Response by registered person detailing the actions taken:</b> The registered person has reviewed the home and ensured that call points are accessible and provided in rooms utilised by residents.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 1  <b>Stated:</b> 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.  Ref: 5.2.1
<b>To be completed by:</b> 1 April 2024	<b>Response by registered person detailing the actions taken:</b> The registered manager has ensured that residents views in matters affecting them, and decisions affecting their quality of life, are taken into account in all matters.

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



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