

# Unannounced Care Inspection Report 30 August 2017



## Mertoun Park

**Type of Service: Residential Care Home**

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

**Tel No: 028 9504 0588**

**Inspector: Kylie Connor**

[www.rqia.org.uk](http://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 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 8 beds that provides care for residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust <b>Responsible Individual:</b> Martin Dillon	<b>Registered Manager:</b> Patrick Heaney
<b>Person in charge at the time of inspection:</b> Patrick Heaney	<b>Date manager registered:</b> 8 December 2015
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 14

### 4.0 Inspection summary

An unannounced care inspection took place on 30 August 2017 from 11:30 to 17:05.

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 and 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.

Evidence of good practice was found in relation to staff induction, supervision, communication between residents and staff and maintaining good working relationships.

Areas requiring improvement were identified in regard to care records.

Residents said that the food and the environment were good, that they had good relationships with staff and enjoyed the range of activities available.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Heaney, registered manager and Anne Campbell, assistant services 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 19 April 2017.

## 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 care inspection report and returned QIP; the previous premises inspection report and returned QIP; liaison with the estates team following a visit the previous week; review of a variation application submitted in regard to renovation work and reduction of bedrooms from 14 to eight and notifications of accidents and incidents.

During the inspection the inspector met with two residents, the registered manager, the assistant services manager and two care staff.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two resident's care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Programme of activities

Areas for improvements 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 and assistant services manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 August 2017

An announced follow-up visit took place on 22 August 2017 by a member of the premises team to follow-up actions to be taken following the unannounced premises inspection on 19 April 2017.

A report is not required following this visit.

### 6.2 Review of areas for improvement from the last care inspection dated 19 April 2017

Areas for improvement from the last care inspection		
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 29 (3)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action required to ensure compliance with this requirement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of a number of monthly monitoring reports.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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. It was good to note that a deputy manager had been recruited and was due to commence work in the next few weeks. The registered manager advised that three Band 3 vacant posts should be filled in the next three months following a recent recruitment process. No concerns were raised regarding staffing levels during discussion with residents and staff. Comments were made in two returned staff questionnaires that bank staff are used when the home is short-staffed, especially when staff are off sick. Staff had stated during the inspection that consistent agency staff were used. These comments were shared with the registered manager.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires 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 and was reviewed during the inspection. Where training had lapsed, the registered manager advised that staff had been booked onto the next available training and that the management of staff training would be improved with a deputy manager in place soon.

Discussion with the registered manager 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.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of

staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably lap belts and listening devices. The registered manager advised that the front door will be locked pending a risk assessment and alterations made to the door. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of substances Hazardous to Health (COSHH) and fire safety.

Staff training records confirmed that some staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. The registered manager advised that remaining staff had been booked onto the next available training. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

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

The home had undergone major renovation and redecoration and the number of bedrooms have been reduced to eight. A general inspection of the home was undertaken and residents' bedrooms were found to be freshly painted with new furniture in place. Some rooms were personalised. The registered manager confirmed that improvements will be made to purchase pictures and other items to create a homely décor. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Arrangements were being made for new flooring and curtains and for PPE holders and paper towel units to be fitted. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were

in place to reduce risk where possible; that all free-standing furniture would be risk assessed and secured to the wall and a request had been made to restrict all downstairs windows.

Staff spoken with during the inspection made the following comments:

- “I got a four week induction, I shadowed the seniors. I’m trying to get to know everybody. We have 60 (residents) using the (short-break) service.”
- “It (supervision) takes place every three months.”

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as satisfied.

Comments received from staff were as follows:

- “We have been short-staffed recently. However, I know that this is being addressed.”
- “At the moment, staffing is okay, except when there is staff sick or on holiday.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and the home’s environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Care records did not contain a photograph of the resident. Care plans provided basic information and did not fully detail the needs of residents and how staff should provide support. Two areas for improvement were identified. Action is required to comply with the standards.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.



The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, 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 observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as satisfied.

One returned staff questionnaire commented on the challenges of supporting residents who require one to one support in this home environment. This was discussed with the registered manager who advised that this issue would be discussed at the next staff meeting on 6 October 2017.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff.

### Areas for improvement

Two areas for improvement were identified in regard to ensuring that a photograph of each resident is placed in their care records and that care plans are improved.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

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.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed 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, including residents meetings and a suggestion box. The registered manager and assistant services manager advised that a review of the process of care reviews is taking place at present. The registered manager stated that this will include how the short break service will participate and/or contribute to care reviews of persons who use the short break service.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities which were based upon individual preferences. Arrangements were in place for residents to maintain links with their friends, families and wider community. One staff member commented that access to transport would enable residents to experience longer day trips. The assistant services manager advised that the staff team would be made aware of the facility to book trust transport. The registered manager advised that efforts are being made to purchase some sensory equipment for use within the home.

Residents spoken with during the inspection made the following comments:

- "I like going out to tesco and ten-pin bowling and walks to the park."
- "It's (the environment) lovely. I've friends here."
- "I enjoy myself and have a good laugh here."
- "They treat you well and do everything they possibly can for you."

Staff spoken with during the inspection made the following comment:

- "The staff try very hard and there is definitely a lot more going on. Staff have been talking about different ideas for in-house activities. There are a lot of outings and (residents) seem to enjoy it."

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One staff member commented about difficulties at mealtimes pertaining to residents' behaviours. This was discussed with the registered manager who described a range of strategies in place and advised that this would be discussed at the next staff meeting.

## Areas of good practice

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the pending changes in management arrangements with the addition of a deputy manager and outlined the governance systems in place within the home. These were found to be in line with good practice. 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.

Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Learning from one complaint had not been implemented regarding assisting residents to identify their bedroom. Following the inspection, the registered manager advised that all the doors had been numbered. The registered manager advised that more options had been considered and it was planned to consult with the staff team and residents.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Learning from complaints, incidents and feedback was largely integrated into practice and fed into a cycle of continuous quality improvement. The registered manager advised that he was compiling the annual quality review report for the home.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered provider's representative was kept informed regarding the day to day running of the home through visits, telephone calls and emails.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Discussion with staff established that they were knowledgeable regarding whistle-blowing. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. One issue raised by staff in regard to annual leave was discussed during feedback and assurances were given that this issue would be resolved.

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as satisfied. A resident made suggestions for the menu which were shared with the registered manager.

Comments from staff were as follows:

- "A much more coherent approach is required."
- "Annual leave - a new approach will apparently be put in place next year."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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, registered manager and Anne Campbell, assistant services 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<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 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2017	<p>The registered person shall ensure that a photograph for every resident using the service is displayed on their care records.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            In response to this action required, the manager will ensure that a photograph is displayed on the care record for every resident using the service.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2017	<p>The registered person shall ensure that individualised care plans are improved to support staff in meeting residents' needs in a consistent manner and support person centred care.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            In response to this action required, the manager will review the care plans to ensure that the plans are person centred, individualised and improved to support staff in meeting the residents needs in a consistent manner.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

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