

Inspection Report

6 October 2022



Mertoun Park

Type of service: Residential Care Home

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

Telephone number: 028 9504 0588

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Mr Patrick Heaney Date registered: 4 January 2019
Person in charge at the time of inspection: Mr Patrick Heaney	Number of registered places: 8
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 5
Brief description of the accommodation/how the service operates: This 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 6 October 2022, from 10.30am to 1.00pm. This was completed by a pharmacist inspector.

The inspection focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. Staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff and residents views were also sought.

4.0 What people told us about the service

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well. The resident that was present during the inspection was relaxed and content in the home.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. One questionnaire was returned within the timeframe for inclusion in this report. The respondent stated that they were very satisfied with all aspects of the care.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last care inspection on 5 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1)(b) Stated: 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.	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices.	Carried forward to the next inspection
	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.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 6.3 Stated: Second time	The registered person shall ensure that the residents or their representatives, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Within Mertoun Park, residents bring their own medicines with them at the start of their stay and any unused medicines are returned at the end of their stay.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that arrangements are in place to ensure that medicines regimes for residents receiving short term respite care are up to date.

The personal medication records reviewed at the inspection were accurate and up to date. There was evidence that staff confirmed any changes that were made to medicine regimes prior to the resident's stay. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Some residents may require the administration of emergency medicines to treat seizures or allergic reactions. There were care plans in place to direct staff in the administration of these medicines and evidence that staff had received the appropriate training.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

It is important that medicines are stored safely and securely so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when residents required them.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. Review of the medicines refrigerator temperature logs observed temperatures outside this range were recorded and the thermometer could not be reset during the inspection. Staff should receive guidance on how to accurately monitor the refrigerator temperature and reset the thermometer each day. Corrective action must be taken if temperatures outside the required range are observed. There were no medicines requiring cold storage at the time of the inspection and the registered manager agreed that this would be reviewed immediately after the inspection.

There were no controlled drugs at the time of this inspection. The manager advised that when required they were stored securely. Consideration should be given to installing a separate controlled drugs cupboard.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed and had been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book. It was found that some entries for receipts had been duplicated and when medicines were returned at the end of respite the balance was not always brought to zero. Advice on completion of the record book was provided during and after the inspection.

Management and staff audited medicine administration on a daily basis. The audits completed at the inspection indicated that medicines were being administered as prescribed. However audits did not encompass all aspects of the management of medicines. The audits completed should be reviewed. Advice was given during the inspection and it was agreed that an overarching audit would be implemented.

5.2.4 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

5.2.5 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Records of staff training were available in relation to medicines management, epilepsy awareness including the administration of buccal midazolam and the administration of adrenaline to treat allergic reactions.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mr Pat Heaney, Registered Manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

* All areas for improvement are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 21 (1)(b) Stated: First time To be completed by: Immediate and ongoing (5 May 2022)	<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>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.</p> <p>Ref: 5.1</p>
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 1 August 2022	<p>The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices.</p>
	<p>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.</p> <p>Ref: 5.1</p>
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
Area for Improvement 1 Ref: Standard 6.3 Stated: Second time To be completed by: 1 August 2022	<p>The registered person shall ensure that the residents or their representatives, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager.</p>
	<p>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.</p> <p>Ref: 5.1</p>



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

Assurance, Challenge and Improvement in Health and Social Care