

Inspection Report

Name of Service: Mertoun Park

Provider: Belfast Health and Social Care Trust

Date of Inspection: 9 April 2025

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

1.0 Service information

Organisation:	Belfast Health and Social Care Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Ms Danielle Lennon
Service Profile – 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. There are a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 9 April 2025, from 9.15 am to 2.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 11 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While the inspection established that effective and compassionate care was delivered to residents and that the home was well led. Improvements were required in regard to the oversight of the environment in regard to fire safety and the managerial oversight in regard to fire safety measures. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care. All the residents were out of the home during the inspection however, the manager provided evidence from both resident, family and carer feedback surveys that are conducted regularly within Mertoun Park; the feedback reviewed was very positive.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One area for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

At the time of the inspection the residents accommodated in the respite unit were out of the home at day opportunities or a day centre. They were all due to return later in the afternoon. The inspector met with care staff, the manager and other members of the management team. Staff told us they were happy working in the home, the staffing levels were good and they felt supported by the manager. Staff said that they had the appropriate training to look after residents and meet their needs. Staff spoken with stated they had a good relationship with the families of residents who attend for respite care.

Some comments provided from the family / carer surveys included; "The staff are so friendly and welcoming", "I've never had any concerns about Mertoun Park" and "The staff are brilliant".

There was no response from the staff online survey within the allocated timeframe.

One resident completed and returned a questionnaire; the resident commented how they enjoyed their stays at Mertoun Park in particular playing pool and going out on the bus with the staff. The resident stated; "I love Mertoun Park, I feel safe, the food is lovely, you can't beat it".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. However, review of the duty rota identified that a number of alterations had not been made in line with best practice guidance. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. A range of essential training topics was delivered either through eLearning, face to face or practical sessions. Review of staff compliance with attendance at fire drills was low. An area for improvement was identified.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Discussion with the manager confirmed that the risk of falling and falls were well managed.

The provision of meals was discussed with the staff for the residents. The staff told us how the meals were ordered for the residents in advance and provision was in place for alterations and additional snacks if required. The menu for the day was displayed in the dining room.

Discussion with the manager confirmed that a range of activities were offered. Residents' needs were met through a range of individual and group activities. An activity board is kept up to date and visible in the foyer of the home.

A range of communal areas inside and an enclosed garden outside offers the residents choice in how and where they spent their day or how they want to engage socially with others.

3.3.3 Management of Care Records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. The manager advised of ongoing work to refurbish some areas of the home. Residents' bedrooms were personalised with items brought in from home. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

A number of fire doors were observed being kept open with pieces of furniture; this was brought to the immediate attention of the management team and addressed. An area for improvement was identified.

It was observed within communal bathrooms that window sills, toilet cisterns and shower chairs were being used to store items such as wipes, toiletries and towels. This was discussed with the management team to address and assurance was provided that this would be addressed with staff.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. However, review of the most recent fire risk assessment did not evidence that all the identified actions had been addressed. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Danielle Lennon has been the Registered Manager in this home since 22 July 2024.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The current process for care record auditing was discussed and it was agreed that this system will be reviewed to ensure once the care records are audited that there is a clear action plan, time frame and re-audit schedule included to ensure any actions from the audit have been addressed. This will be reviewed at the next care inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

*the total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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	
Area for Improvement 1 Ref: Regulation 27 (4) (f) Stated: First time To be completed by: 18 April 2025	The Registered Person shall ensure that all staff complete fire drills. Ref: 3.3.1 Response by registered person detailing the actions taken: The Registered Person will ensure all staff have had an opportunity to complete fire drills and keep a record of same.
Area for improvement 2 Ref: Regulation 27 (4) (c) (d) (i) Stated: First time To be completed by: 9 April 2025	The Registered Person shall ensure that the practice of propping open of fire doors ceases immediately. Ref: 3.3.4 Response by registered person detailing the actions taken: The Registered Person will ensure that the practice of propping open fire doors ceases immediately and that all staff are aware of their responsibilities for same.

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2025</p>	<p>The Registered Person shall ensure the following in regard to fire safety arrangements:</p> <p>The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to the recommended actions required.</p> <p>Ref: 3.3.4</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard E8</p> <p>Stated: Second time</p> <p>To be completed by: 1 July 2024</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> <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>Area for improvement 2</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2025</p>	<p>The Registered Person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p>

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