The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mertoun Park**

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: **27 July 2026**

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 Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Miss Danielle Lennon

Service Profile –
This home is a registered residential care home, which provides health and social care for up to eight residents. The home is situated over two floors. There are a range of communal area throughout the home and residents have access to an enclosed garden.

2.0 Inspection summary

An unannounced and pre-registration inspection took place on 27 July 2026, from 9.45 am to 4.00 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 pharmacy inspection on 29 May 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. 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 residents, 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

Residents spoken with said that they loved it in Mertoun Park, the food was lovely and they were excited about going out for the afternoon with staff.

Staff knew the residents and their preferences well. Staff raised no concerns about staffing levels, the care provided and the support from the management team.

Two questionnaires were received from residents with positive comments including "Staff are very good to me", "There are no complaints" and "Good care and support".

We received six responses to the online survey, which confirmed staff, a resident and a visiting professional were very satisfied that care was safe, effective, compassionate and well led. Comments included "Wonderful service", "Lots of activities" and "Good handovers provided".

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could go out on trips daily or stay in the home if they preferred.

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.

Residents were complimentary about the staff and interactions were friendly and professional. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met residents' needs.

Review of the staff duty rota identified that more detail was required to identify the designation of all staff included on the rota. This was discussed with the manager and will be reviewed at a future inspection.

Review of the system to manage the registration evidenced that it staff were appropriately 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.

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.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. A positive dining experience and good nutrition are important for the health and wellbeing of residents.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

The importance of engaging with residents was well understood by the manager and staff. Individual activities were planned for the two residents who were present on the day of inspection and these were based on residents' preferences. Staff chatted with residents about how they wished to spend their day and what they enjoyed doing when staying at Mertoun Park.

3.3.3 Management of Care Records

Residents' needs were assessed at the time of their admission to the home.

Following this initial assessment care plans should be developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Records reviewed on the day of inspection identified that care records were not completed in a timely manner to direct care for eating and drinking, finance and personal belongings. It was also noted that the assessment completed on admission did not always include a record of the resident's skin condition. Two areas for improvement were identified.

Residents care records were held securely in in the home.

Staff recorded regular evaluations about the delivery of care. Residents or their family, where possible, was involved in planning their own care.

3.3.4 Quality and Management of Patients' Environment

The home was welcoming and tidy. Residents' bedrooms were personalised with items important to the resident, however, some areas required maintenance or repair. The manager had escalated the issues identified to the Trust estates department for action, however, there was no clear timescale for when works were to be completed. An area for improvement was identified.

Infection control deficits were evident, for example; some unclean cupboards and plugs, wipes were observed stored on a window ledge behind a toilet and aprons and gloves stored in a staff toilet area. An area for improvement was identified.

Corridors were clear and unobstructed. The fire risk assessment was in place and actions required from this had been followed up.

Items such as detergent, disinfectant wipes and deodorising spray were observed to be not stored securely when not in use. This was brought to the attention of the manager for her action and an area for improvement was identified.

Staff were observed to be washing their hands correctly and at appropriate times, however, one staff member was observed to be wearing nail polish and jewellery not in keeping with IPC guidance in relation to ensuring staff remain bare below the elbow. This was discussed with the manager to address and hand hygiene will be reviewed further at a future inspection.

A variation to the registration of the home had been submitted to RQIA and notification had been received that works to put in place an annex containing one bedroom, a lounge/living area and a bathroom had been completed. This variation was reviewed as part of the inspection and was found to comply with care standards. The lounge dining room was well decorated and soft furnishings in place were comfortable. The bathroom and bedrooms were finished to a high standard to meet resident's needs. Keypad locking had been installed within the corridor to use when appropriate.

The estates inspector aligned to the service confirmed that all alterations to the premises mechanical and electrical services were undertaken to current standards and best practice guidance. The fire risk assessment was reviewed and remains valid for the premises.

3.3.5 Quality of Management Systems

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

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place, however, whilst there was a system of audits in place these were not completed regularly and actions were not always followed; up for example, in care plan, food hygiene and environmental audits. An area for improvement was identified.

Residents said that they knew who to approach if they had any concerns and indicated they had no concerns.

Compliments were kept in the home and shared with staff.

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	1	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Danielle Lennon, Registered Manager, 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 14 (2) (a) (c) **Stated:** First time **To be completed by:** 27 July 2026	The Registered Person shall ensure the detergent, disinfectant wipes and deodorising spray is stored securely when not in use. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager will ensure that detergent, disinfectant wipes and deodorising spray is stored securely when not in use.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 28 July 2026	The Registered Person shall ensure comprehensive care plans are in place to direct the individual care required by residents. This is stated in reference but not limited to eating and drinking, finance and personal belongings. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager will ensure comprehensive care plans are in place to direct the individual care required by residents, in reference but not limited to eating and drinking, finance and personal belongings.
Area for improvement 2 **Ref:** Standard 5 **Stated:** First time **To be completed by:** 28 July 2026	The Registered Person shall ensure that the assessment completed on admission should include a record of the resident's skin condition. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager has devised a questionnaire to ensure that the assessment completed on admission includes a record of the resident's skin condition.
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time	The Registered Person shall ensure there is a clear timescale for when repairs to the environment are to be completed to areas of the home such as; soap dispensers, ceilings and the outside areas of the home. Ref 3.3.4

To be completed by: 31 August 2026	**Response by registered person detailing the actions taken:** The Registered Manager has devised a contact log between the service and estates department which ensures there is a clear timescale for when repairs to the environment are to be completed to areas of the home. Intellectual Disability Governance Team will liaise with Estates Department to discuss (a) the importance of timely response to repair requests without undue delay and (b) the provision to facility managers of planned date for Estates carrying out of responsive action to requests made.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 28 July 2026	The Registered Person shall ensure cupboards and plugs are effectively cleaned, wipes are not stored on a window ledge above a toilet and aprons and gloves are stored appropriately. Ref 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager will ensure cupboards and plugs are effectively cleaned, wipes are not stored on a window ledge above a toilet and aprons and gloves are stored appropriately.
Area for improvement 5 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 28 July 2026	The Registered Person shall ensure that there is system in place to ensure working practices are audited regularly and actions require following audits are completed in a timely manner. This is stated in reference but not limited to; care plans, food hygiene, environmental and skin integrity audits. Ref 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager will ensure operation of a system to ensure working practices are audited regularly and actions require following audits are completed in a timely manner.

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

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