



The **Regulation** and  
**Quality Improvement**  
Authority

Inspector: Laura O'Hanlon  
Inspection ID: IN023031

**Mertoun Park**  
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**Unannounced Care Inspection  
of  
Mertoun Park**

**03 February 2016**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 3 February 2016 from 10.30 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standards we inspected which we assessed as being partially met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Recommendations were made in regard to policies and procedures, needs assessments and care plans. One recommendation was carried forward for review at the next care inspection as it remained within the timeframe for completion.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

The details of the QIP within this report were discussed with Patrick Heaney, registered manager. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Martin Joseph Dillon	<b>Registered Manager:</b> Patrick Heaney
<b>Person in charge of the home at the time of inspection:</b> Melanie Logue, senior carer until 11.00. Patrick Heaney from 11.00 until the conclusion of the inspection.	<b>Date manager registered:</b> 8 December 2015
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 6
<b>Number of residents accommodated on day of inspection:</b> 4	<b>Weekly tariff at time of inspection:</b> £470.00

## 3. Inspection focus

The inspection sought to determine if the following standards had been met:

**Standard 5: Each resident has an up to date assessment of their needs.**

**Standard 6: Each resident has an individual and up to date comprehensive care plan.**

## 4. Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

We met with one resident, two members of the care staff and the registered manager.

We inspected the following records: two care records, accident /incident reports, registered provider visits, fire safety records and complaints/compliments records.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 16 October 2015. The completed QIP was returned and was approved by the care inspector.

### 5.2 Review of requirements and recommendations from the last care inspection dated 16 October 2015

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 27	The registered person should ensure that all bedrooms are painted and a re-decoration schedule developed.	Not examined
	<b>Action taken as confirmed during the inspection:</b> This recommendation was not inspected on this occasion as it remained under the timescale for completion (31 March 2016)	
<b>Recommendation 2</b> Ref: Standard 21.1	The registered person should ensure that policies and procedures in regard to the following areas are developed/ reviewed. <ul style="list-style-type: none"> <li>• Communications with carers and representatives</li> <li>• Involvement of residents in the running of the home.</li> <li>• Listening and responding to residents views.</li> </ul>	Not met
	<b>Action taken as confirmed during the inspection:</b> The registered manager advised that the policies had not yet been developed or reviewed. This recommendation was stated for the second time.	
<b>Recommendation 3</b> Ref: Standard 5.4	The registered person should ensure that the needs assessment is signed by the resident or their representative where appropriate and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Not met
	<b>Action taken as confirmed during the inspection:</b> A review of two care records confirmed that needs assessments were not appropriately signed. This recommendation was stated for the second time.	

<b>Recommendation 4</b> <b>Ref: Standard 6.3</b>	The registered person should ensure that the resident or their representative where appropriate sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to, this is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed two care records and found that one care plan was appropriately signed. The second care record did not contain a care plan. We made a separate recommendation to address this issue within the main body of the report.	
<b>Recommendation 5</b> <b>Ref: Standard 20.11</b>	The registered person should ensure that the monthly monitoring report is completed consistently and contemporaneously every month.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The monthly monitoring reports were available during the inspection. We could confirm that these reports were completed consistently and contemporaneously each month.	

### 5.3 Standard 5: Each resident has an up to date assessment of their needs.

#### Is care safe? (Quality of life)

The registered manager confirmed that residents and /or their representatives were encouraged and enabled to participate in the assessment process. One of the care records we inspected contained a completed needs assessment. The care records noted the names and contact details of other professionals or agencies providing a service to the resident.

The person centred assessment contained comprehensive details of each resident's physical, social, emotional, psychological and spiritual needs including identified risks. Information was also present in regard to the resident's life history and current situation.

The second care record did not contain a needs assessment. A recommendation was made to ensure this is addressed.

#### Is care effective? (Quality of management)

The care needs assessment present in one care record was kept under continual review. At each respite admission to the home, a review was completed to reassess the needs of the residents. A review of two care records confirmed that the review was completed and signed by the resident.

**Is care compassionate? (Quality of care)**

We noted that the written care needs assessment took into account the privacy and dignity of the resident. It also clearly reflected the values which underpin compassionate care. The care needs assessment inspected was not appropriately signed. This recommendation was therefore made for the second time.

**Areas for improvement**

Two areas for improvement were identified in regard to needs assessments. This standard was assessed as being partially met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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**Standard 6: Each resident has an individual and up-to-date comprehensive care plan.****Is care safe? (Quality of life)**

The person in charge of the home confirmed that residents and /or their representatives were encouraged and enabled to participate in the care planning process. One care record contained a care plan which was appropriately signed.

We noted this care plan reflected residents' daily care needs and support, opportunities and the services provided by the home. Where residents' specific needs and preferences were identified, the care plan indicated how these were met.

The care plan also outlined the management of risks and how identified risks were managed, minimised, reported, monitored and reviewed. The care plan reflected information about each resident's lifestyle and this was used to inform care practice. This resident's daily routine and weekly programme were set out. Where restrictions arising from risk assessments were in place, or any behaviours likely to pose a risk for the resident or others, these were recorded. We found evidence that restrictions were regularly reviewed and removed when no longer required.

The second care record did not contain a care plan. We made a recommendation to ensure this is addressed.

**Is care effective? (Quality of management)**

We found that the care plan was appropriately signed. We found that the care plan was reviewed and amended to reflect the current needs of the resident. The care plan was supported by separate dependency assessments and manual handling risk assessments.

**Is care compassionate? (Quality of care)**

In our discussions with the care staff we found that residents and/or their representatives had been encouraged to actively contribute to the care planning process. We found that the care plan was written in a manner which reflected a respectful approach to care delivery. This supports the delivery of compassionate care.

## Areas for improvement

One area for improvement was identified in regard to care plans. This standard was assessed as being partially met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 5.4 Additional areas examined

#### 5.4.1 Residents' views

We met with one resident. We observed this resident relaxing in the communal lounge area and interacting in a positive manner with staff. This resident commented on the positive support provided by staff and was happy and content within the environment.

The comment included:

- “All the staff are very good. The food is great. I love coming here.”

#### 5.4.2 Staff views

We spoke with two members of care staff and the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

The staff stated that they felt supported by the registered manager and advised that he was were approachable. The staff explained how the residents were offered choices on a daily basis. Staff advised that they were all focused on achieving the best outcome for the residents who used the respite care services.

Some comments included:

- “The love for the service users is here. The staff team consistently strive for improvement and work together.”
- “The services users are like a family, we really care about them. This is a homely atmosphere. I enjoy working here.”

#### 5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and comfortable. Décor and furnishings were found to be of a satisfactory standard.

We noted that a programme of refurbishment was underway within the home. A number of bedrooms had been painted. Toilet roll holders had been repaired. The manager outlined his plans for further improvement within the home.

#### 5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed.

#### 5.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 15 July 2015. We reviewed the fire safety records and confirmed that fire safety training was undertaken on 19 October 2015. The records indicated that a fire drill took place on 19 October 2015.

#### 5.4.6 Accidents/incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported. For the purpose of information the registered manager was referred to the updated RQIA guidance on reporting of statutory notifications.

#### 5.4.7 Complaints/compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

#### 5.4.8 Visits by the registered provider

We reviewed the record of these visits. This record confirmed that these visits were unannounced and were undertaken on a monthly basis.

#### Areas for improvement

There were no areas for improvement identified within the additional areas inspected.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patrick Heaney, registered manager. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 31 March 2016</p>	<p>The registered person should ensure that all bedrooms are painted and a re-decoration schedule developed.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> In response to this recommendation the unit has been redecorated, this includes all the bedrooms. Completed on 14th February 2016. Staff will report all required re-decoration to estates as required. Records are maintained.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 April 2016</p>	<p>The registered person should ensure that policies and procedures in regard to the following areas are developed/ reviewed.</p> <ul style="list-style-type: none"> <li>• Communications with carers and representatives</li> <li>• Involvement of residents in the running of the home.</li> <li>• Listening and responding to residents views.</li> </ul> <p><b>Response by Registered Person(s) detailing the actions taken:</b> In response to this recommendation a local protocol has been developed and is in place from 20<sup>th</sup> March 2016 in Mertoun Park to explain how 1) communication with carers and representatives is conducted in the home. 2) involvement of residents in the running of the home and 3) listening and responding to residents views.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 March 2016</p>	<p>The registered person should ensure that the needs assessment is signed by the resident or their representative where appropriate and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> In response to this recommendation, since 20<sup>th</sup> March 2016, the needs assessment of all the service users who have used the short break service, have been signed by the resident and by a member of staff. As each service user is admitted for a short break the needs assessment will be discussed and signed by the resident or their representative and by the member of staff. If the service user or their representative is unable or chooses not to sign, this will be recorded.</p>

<b>Recommendation 4</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time <b>To be completed by:</b> 10 February 2016	The registered person should ensure that a needs assessment is completed for one identified resident.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> In response to this recommendation a needs assessment was completed within 2 days of the inspection for the identified person.		
<b>Recommendation 5</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time <b>To be completed by:</b> 10 February 2016	The registered person should ensure that a care plan is completed for one identified resident.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> In response to this recommendation a care plan has been completed for the identified person. completed on the 11/2/16		
<b>Registered Manager completing QIP</b>	Pat Heaney	<b>Date completed</b>	7 <sup>th</sup> March 2016
<b>Registered Person approving QIP</b>	Martin Dillon	<b>Date approved</b>	14/03/2016
<b>RQIA Inspector assessing response</b>	Laura O'Hanlon	<b>Date approved</b>	01.04.16

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**