



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** IN018023  
**Establishment ID No:** 1006  
**Name of Establishment:** Mertoun Park Complex  
**Date of Inspection:** 17 February 2015  
**Inspector's Name:** Colin Muldoon

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Mertoun Park Complex
<b>Address:</b>	11 and 17 Orchard Court, Knocknagoney, Belfast. BT18 9QE
<b>Telephone Number:</b>	028 95040588
<b>Registered Organisation/Provider:</b>	Belfast HSC Trust Mr Martin Dillon (Responsible Person)
<b>Registered Manager:</b>	Mrs Renee Stewart
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Renee Stewart
<b>Other person(s) consulted during inspection:</b>	Mr Stephen Knox (Trust Estates Officer) Mr Mark Gunning (Trust Fire Safety Officer)
<b>Type of establishment:</b>	Residential Care Home
<b>Categories of Care</b>	RC-LD, RC-LD(E)
<b>Number of Registered Places:</b>	14
<b>Date and time of inspection:</b>	17 February 2015 10.00am – 1.00pm
<b>Date of previous inspection:</b>	09 May 2012
<b>Name of Inspector:</b>	Colin Muldoon

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011).

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs Renee Stewart, Mr Stephen Knox and Mr Mark Gunning.
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the inspector spoke to Mrs Renee Stewart, Mr Stephen Knox and Mr Mark Gunning.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection on 09 May 2012.

### **Standards inspected:**

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety.

## **7.0 PROFILE OF SERVICE**

Mertoun Park is a residential care home provided by the Belfast Health and Social Care Trust.

The home provides a residential care service across two addresses which are in close proximity to each other within the compact Orchard Court. Both premises are two storey. Number 17 is the main building, is detached and was purpose built as a care home. Number 11 is an end of terrace house which has been adapted for its current use. The service at number 11 Orchard Court can accommodate no more than two residents.

The home is located within a residential area on the outskirts of East Belfast and there is easy access to shops and other local amenities. The home is comprised of single room accommodation, communal rooms, dining room and kitchen, bathrooms, toilets and offices. An enclosed courtyard is available to the rear of both addresses. Limited parking is available at the front of the home.

## **8.0 SUMMARY**

There was evidence of maintenance activities, although some matters relating to the environment were identified. Therefore, following the Estates Inspection of the Mertoun Park complex on 17 February 2015, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 29 - Fire Safety.

This resulted in ten requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Renee Stewart, Mr Stephen Knox and Mr Mark Gunning during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous Estates inspection on 09 May 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.-(2)(c)	The provider must confirm that there is a current legionella risk assessment and that, from the assessment, a suitable scheme for the control of legionella has been drawn up and fully implemented. (Item 1 in previous Quality Improvement Plan)	<p>There is a legionella risk assessment for both 11 and 17 Orchard Court. The assessments were carried out in November 2013. The assessments identified issues requiring attention. The status of this work could not be confirmed.</p> <p>There were some records relating to measures being taken towards the ongoing control of legionella. Although the scheme for the control of legionella may not be in line with the approved code of practice (L8), the inspector was informed that the Belfast HSC Trust has considered the risk from legionella in this care home and has adopted a strategy for its control.</p>	It should be confirmed that a competent person has made arrangements to address the issues in the legionella risk assessments and is actively managing an ongoing scheme for the effective control of legionella. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 27.-(2)(c)	Whilst it is understood that the hoist is being serviced, the provider should confirm that it is also being thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999	The manager informed the inspector that there was no longer a hoist on site.	N/A

		(Item 2 in previous Quality Improvement Plan)		
9.1.3	Regulation 27.-(2)(q)	The provider must confirm that there is a current and valid test and inspection certificate which verifies that the electrical installation is in a safe and satisfactory condition. (Item 3 in previous Quality Improvement Plan)	There was documentation which confirmed that the electrical installation in No 17 was tested and inspected in 2012 and was found to be in satisfactory condition.  There was no documentation relating to the electrical installation in No 11.	It should be confirmed that the electrical installation in No 11 is in a safe and satisfactory condition. (Item 2 in Quality Improvement Plan)
9.1.4	Regulation 27.-(2)(q)	The provider must confirm that the thermostatic mixing valves are being maintained in accordance with the manufacturer's instructions (Item 4 in previous Quality Improvement Plan)	The inspector was provided with documentation relating to checks on the performance of the thermostatic mixing valves.	Refer also to item 9.1.1
9.1.5	Regulation 14.-(2)(a)	The provider should fit radiator guards in the ground floor respite bedrooms. (Item 5 in previous Quality Improvement Plan)	This has not been carried out. The manager informed the inspector that she considered the risk to be low but that this would be kept under review.	The inspector recommended that the radiators be changed to a low surface temperature type. (Item 3 in Quality Improvement Plan)
9.1.6	Regulation 27.-(2)(q)	The provider must get a competent person to address the problem with the hot water system.	The manager confirmed to the inspector that this matter has been addressed.	N/A

		(Item 6 in previous Quality Improvement Plan)		
9.1.7	Regulation 27.-(2)(b)	The provider must resolve the problem with the shower in No 11. (Item 7 in previous Quality Improvement Plan)	Addressed	N/A
9.1.8	Regulation 14.-(2)(c)	A procedure should be established to monitor the safe temperature of resident accessible hot water. (Item 8 in previous Quality Improvement Plan)	Addressed	
9.1.9	Regulation 27.-(4)(f)	The provider must make arrangements which will ensure that all staff on all shifts participate in practice fire drills. Reference should be made to NIHTM84. (Item 10 in previous Quality Improvement Plan)	Arrangements are in place for drills to be carried out monthly although the names of staff participating are not recorded.	The names of staff taking part in fire drills should be recorded. (Item 6 in Quality Improvement Plan)
9.1.10	Regulation 27.-(4)(d)(iv) 27.-(4)(d)(v)	The provider must ensure that the emergency lighting system is tested and maintained. Reference should be made to BS 5266.	The emergency lights in No 17 were maintained in November 2014.	There were no records of the emergency lights in No 11 being maintained.  There were no records of the emergency lights in either No 11 or No 17 being function tested.



		(Item 11 in previous Quality Improvement Plan)		(Item 7 in Quality Improvement Plan)
<b>Item</b>	<b>Standard Reference</b>	<b>Recommendations</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
9.1.11	Standard 28.	The arrangements for securing kitchen knives in No 11 should be reviewed and appropriate action taken. (Item 9 in previous Quality Improvement Plan)	The manager confirmed that knives are kept in kitchen drawers which have been fitted with locks.	N/A

**9.2 Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There is an outdoor courtyard area at the rear of the home. Part of the paving in this area has become uneven.  
(Item 4 in Quality Improvement Plan)

9.2.2 In some places the surface finishes would benefit from redecoration.  
(Item 5 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

**9.3 Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 No new issues.

**9.4 Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

9.4.1 The fire door from the hall into the living room was not making an effective fire seal when closed.  
(Item 8 in Quality Improvement Plan)

9.4.2 The electrical plant room was being used for storage.  
(Item 9 in Quality Improvement Plan)

9.4.3 A copy of the current fire procedure should be posted.  
(Item 10 in Quality Improvement Plan)

9.4.4 RQIA recommends that the provider ensures there are arrangements for ongoing fire risk assessments to be carried out by an accredited fire risk assessor.  
(Item 11 in Quality Improvement Plan)

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Renee Stewart, Mr Stephen Knox and Mr Mark Gunning as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**

## Quality Improvement Plan

### Announced Estates Inspection

#### Mertoun Park Complex

17 February 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	X		X	C Muldoon	17/08/2015

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**NOTES:**

The details of the Quality Improvement Plan were discussed with Mrs Renee Stewart, Mr Stephen Knox and Mr Mark Gunning as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to **estates@rqia.org.uk**.

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Renee Stewart
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillon

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## Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 13.-(7)	It should be confirmed that a competent person: 1. has made arrangements to address the issues in the legionella risk assessments 2. is actively managing an ongoing scheme for the effective control of legionella (Item 9.1.1 in report)	One month	Re 1. For 17 Mertoun Park a respective Asbestos survey has been completed and remedial works indentified in the water risk assessment. To be completed by 19 <sup>th</sup> June 2015.  The BHSCT has an ongoing Water Safety Management Plan (Review date January 2016).
2	Regulation 27.-(2)(q)	It should be confirmed that the electrical installation in No 11 is in a safe and satisfactory condition. (Item 9.1.3 in report)	Two months	A test of the fixed wire installation and remedial action completed for No11. Certificate to be forwarded to estates by the electrical contractor by 31 <sup>st</sup> May 2015. The Residential & Supported Living Operations Manager and Registered Manager will receive a confirmatory email when certificate is received.
3	Regulation 27.-(2)(p)	In relation to hot surfaces, the safety of the radiators in the ground floor bedrooms should be kept under review. It is recommended that the radiators be changed to a low surface	Ongoing	Two low surface temperature radiators were ordered on the 15 <sup>th</sup> May 2015. Completion date 30 <sup>th</sup> June 2015.

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		temperature type. (Item 9.1.5 in report)		
4	Regulation 27.-(2)(b)	The uneven paving at the back of the home should be made good. (Item 9.2.1 in report)	Three months	Completed
5	Regulation 27.-(2)(d)	The arrangements for redecorating should be kept under review to ensure that surfaces are maintained in a reasonable condition. (Item 9.2.2 in report)	Ongoing	Since this inspection, it has been agreed that Mertoun Park will be used as a 6 bedded short break facility. A paper is being prepared at present to agree capital costs for a complete redecoration. it is anticipated these will be completed between September and December 2015.  Once this is complete decor will be kept under review by the registered manager.

### **Standard 29 - Fire Safety**

**The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (s)</b>
6	Regulation 19.-(2)	Records should be kept of all staff participating in fire drills. (Item 9.1.9 in report)	Ongoing	In the fire evacuation record all staff names participating in fire drills are now recorded.
7	Regulation 27.-(4)(d)(iv) and (v)	The emergency lighting should be tested and maintained in accordance with good practice.	One month and ongoing	The care staff are now aware that a fish key pin has to be used, on a

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		(Reference BS5266) (Item 9.1.10 in report)  This is a restated requirement.		weekly basis, to automatically activate the lights. The emergency lighting is now being correctly function tested on a weekly basis and records maintained.
8	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The fire door between the hall and the living room should be adjusted to provide an effective fire seal. (Item 9.4.1 in report)	One month	Job logged C535298. Completed on 20/04/15.
9	Regulation 27.-(4)(b)	The electrical plant room should be maintained free of combustible storage. (Item 9.4.2 in report)	Ongoing	The electrical plant room has been cleared of all combustible storage.
10	Regulation 27.-(4)(a)	A copy of the current fire procedure should be posted and superseded versions removed. (Item 9.4.3 in report)	One week	A copy of the current fire procedure has been posted on notice board and the older version removed.

<b>Item</b>	<b>Standard</b>	<b>Recommendation</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (s)</b>
11	Standard 29	The person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in:	Within one year of date on current fire risk assessment	The Trust is currently investigating the options to satisfy this new requirement. In the interim the building has been assessed as safe by a competent Trust Fire Risk Assessor. The Trust will provide an update by Friday 3rd July 2015

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		<p><a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a> <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a> (Item 9.4.4 in report)</p>		
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