



The Regulation and
Quality Improvement
Authority

Inspector: Kylie Connor
Inspection ID: IN023012

Mertoun Park
RQIA ID: 1006
17 Orchard Court
Knocknagoney
Holywood
BT18 9QE
Tel: 02895040588
Email: pat.heaney@belfasttrust.hscni.net

**Unannounced Care Inspection
of
Mertoun Park**

16 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 16 October 2015 from 09.00 to 13.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These were in regard to the standard of decor in the home; developing policies and procedures in regard to standard 1; completion of the monthly monitoring reports and signatures on assessments and care plans.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, 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 care 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
Total number of requirements and recommendations made at this inspection	0	5

The details of the QIP within this report were discussed with the Patrick Heaney, Manager as part of the inspection process. Following the inspection, we had a telephone discussion with Anne Campbell, Operations Manager in regard to the inspection findings. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Martin Joseph Dillon	Registered Manager: Patrick Heaney
Person in charge of the home at the time of inspection: Melanie Logue, Senior Carer until 10.30. Patrick Heaney from 10.30 until the conclusion of the inspection.	Date Registered: Registration pending
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 14
Number of residents accommodated on day of inspection: 2	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme had been met:

Standard 1: Residents views and comments shape the quality of services and facilities provided by the home.

Theme: Residents receive individual continence management and support.

4. Methods/ process

Prior to inspection we analysed the following records: the incidents register and the returned Quality Improvement Plan from the previous care inspection.

Upon arrival we observed and greeted one resident who was leaving the home to attend day care. One resident who remained in the home for a while was also observed and greeted by us. We met with one care staff and the manager individually. We spoke to one care staff and one ancillary staff member briefly and informally.

We inspected the environment and the following records during the inspection: two care records; staff training records; activity records; a number of policies and procedures; the homes annual quality review report; a number of monthly quality monitoring reports; the homes Statement of Purpose; complaint and compliment records; the homes fire safety assessment and fire safety records.

We distributed staff and resident questionnaires during the inspection. Following the inspection, two returned staff questionnaires were analysed by us.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 20 July 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 27</p>	<p>The registered manager should provide an update regarding the redecoration/ refurbishment plans. Progress and ensure that liaison with the registration team is made in a timely manner to discuss if there is a need for a variation application to be made.</p> <p>All bedrooms should be painted and a re-decoration schedule developed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Following an inspection of the premises and discussions with the manager and operations manager we confirmed that plans for the refurbishment of the home had been developed and financially assessed. We were informed by the operations manager that a decision in regard to the refurbishment of the home was currently pending.</p> <p>Whilst no redecoration had taken place in the home, staff confirmed to us that they are in regular contact with the estates department who carryout repairs in a timely manner.</p> <p>The manager was advised of the necessity to submit a variation application in regard to environmental changes prior to work commencing. This recommendation had been partly addressed and is stated for the third time.</p> <p>Failure to address these issues satisfactorily may lead to the Authority initiating enforcement action.</p>	<p>Partially Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p>	<p>The registered manager should ensure that the home participates in review meetings organised by the referring trust responsible for the resident's placement in the home. This refers to the need for the involvement of staff from the community learning disability team in organising and facilitating the meetings.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The operations manager confirmed to us that that all residents had had a care review as recommended. Since the previous inspection these residents no longer reside in the home. This recommendation had been addressed.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 10.1 10.4</p>	<p>The responsible person should ensure that a review of relevant policies and procedures includes that RQIA is notified of each occasion restraint is used and includes the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following an inspection of the policy we confirmed that this had been addressed as recommended.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 10.7</p>	<p>The resident manager should review the Statement of Purpose to include the arrangements for any types of restraint or restrictive practices which may be in use in the home.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following an inspection of the document we confirmed that this had been addressed as recommended.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 13.1</p>	<p>The responsible person should develop a policy and procedure on the provision of activities and events.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following an inspection of the policy we confirmed that this had been addressed as recommended.</p>		

Recommendation 6 Ref: Standard 13.4	The responsible person should develop a programme of activities and display it in a suitable format in an area which is accessible by residents and their representatives.	Met
	Action taken as confirmed during the inspection: Following an inspection of the environment and discussions with staff we confirmed that this had been addressed. Since the previous care inspection, the home only provides a respite service. Staff reported to us that activity provision is individualised.	
Recommendation 7 Ref: Standard 13.5	The responsible person should review and improve the provision of activity equipment.	Met
	Action taken as confirmed during the inspection: Following discussions with staff we confirmed this had been addressed as recommended.	
Recommendation 8 Ref: Standard 13.9	The responsible person should ensure appropriate consents in regard to photography and other forms of media in place.	Met
	Action taken as confirmed during the inspection: Following an inspection of one care record we confirmed that this had been addressed as recommended.	
Recommendation 9 Ref: 35	The responsible should review domestic service routines to ensure that high standards of hygiene and cleanliness are maintained at all times.	Met
	Action taken as confirmed during the inspection: Following discussions with staff and the manager we confirmed that this had been addresses as recommended.	

Areas for improvement

One area for improvement was identified. This was in regard to the décor in the home.

Number of requirements:	0	Number of recommendations:	1
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5.3 Standard 1: Residents views and comments shape the quality of services and facilities provided by the home

Is care safe? (Quality of life)

No current policies and procedures in regard to resident involvement in the running of the home or communication with carers/ their representatives were available during the inspection. We made a recommendation in regard to this.

The staff and manager reported to us that they actively seek residents' and their families' views and incorporate these into practice. Staff reported to us that this was particularly strong in the areas of menu planning, activities and rituals and routines. Through an inspection of the menu, activity records and two care records we confirmed that residents and their families are involved in developing choices to suit individual preferences.

We inspected one care record and confirmed that it was up to date and kept under continual review to reflect at all times the needs and preferences of the resident. Assessments and care plans had not been signed appropriately. An inspection of signatures within a second care record corroborated this finding. We made two recommendations in regard to this.

Is care effective? (Quality of management)

The manager and staff described to us a range of methods and processes employed by the home to involve and seek the views of residents and their representatives. These included: care management reviews; monthly monitoring reports; completion of questionnaires; the homes annual quality review report and daily individual conversation.

The manager and staff reported to us that due to the size of the home and the change in focus to a respite only service, staff had regular and frequent contact with all residents' representatives, community keyworker and members of the multi-disciplinary team. Staff stated that these contacts are by telephone, email or face to face.

The homes annual quality review report, dated September 2015 was provided for inspection. It did not include views from residents or their representatives. The manager provided a questionnaire for obtaining these views and assured us that there were plans to distribute these before the end of the year. The manager confirmed that the responses would be incorporated into the annual quality review report.

Following an inspection of the homes monthly registered provider reports we identified that residents' views were sought. However, a number had not been completed in a contemporaneous manner. We have made a recommendation in this regard.

Is care compassionate? (Quality of care)

Staff confirmed to us that residents are: listened and responded to in a timely manner; are kept informed about issues affecting them and are treated with respect; that visitors are made to feel welcome and that communication between the home and residents representatives and members of the multi-disciplinary team is good.

The manager and staff were knowledgeable about residents' individual needs, routines and preferences. Staff gave examples of how they incorporated their knowledge of values in their practice with residents. This included provision of activities; modes of communication with individual residents and facilitating a resident to use their own preferred mug.

In our observations of interactions between the two residents and staff, we confirmed that residents were treated with dignity and respect.

Areas for improvement

Four areas for improvement were identified. These pertain to: development of policies and procedures; signatures on assessments and care plans and completion of monthly monitoring reports. The standard was assessed as met.

Number of requirements:	0	Number of recommendations:	4
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The manager and staff confirmed to us that independence in continence management is promoted within the home. Staff confirmed to us that where residents require any personal care or support, this is detailed in assessment and care plans. An inspection of one care record corroborated this.

In our discussion with the manager and staff we confirmed that staff received training in continence management during their induction. Staff members we interviewed demonstrated their knowledge and understanding of continence care and of the continence referral system. The manager confirmed to us that if a training need was identified in this area, this would be met.

Through our inspection of the premises and discussions with staff, it was confirmed to us that staff had unrestricted access to a plentiful supply of laundered bed linen, towels, gloves and aprons. Sufficient hand washing dispensers were present.

Is care effective? (Quality of management)

Staff confirmed to us that the home had a policy and procedure relating to continence management and promotion.

In our discussions with staff and through a review of the care records we confirmed that no residents had reduced skin integrity. There were no malodours observed during inspection of the premises.

Is care compassionate? (Quality of care)

Following our observations we confirmed that residents were treated with care, dignity and respect during interactions with staff. The manager and staff demonstrated knowledge of the values of respect, privacy, choice, dignity and independence.

Areas for improvement

No areas for improvement were identified. The theme was assessed as met.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1. Residents views/questionnaires

We observed and greeted two residents during the inspection. Both were appropriately dressed and appeared happy and relaxed. Both residents were observed interacting in a positive manner with staff, good relations were evident. No questionnaires distributed during the inspection were returned to us.

5.5.2. Staff views/questionnaires

We met with one care staff and the manager individually. We spoke to one care staff and one ancillary staff briefly and informally. All staff spoke positively about their role and duties, training, staff morale, teamwork and managerial support. Two staff questionnaires were returned which supported these findings.

The manager confirmed to us that staffing levels are adjusted to meet the needs of residents using the service and activities planned. The manager confirmed that use of the service is increasing and as the service develops, a number of staff posts will be needed.

Comments included:

- “At the moment we do not have resident meetings but communicate on an individual basis about the running of Mertoun Park and service users’ views.”
- “There is good communication as a team.”
- “The staff team go out of their way, go the extra mile (for residents).”

5.5.3 Environment

Since the previous care inspection, the home had changed to a respite only service. Following the inspection, we received confirmation from the operations manager that the name of the home was changed to Mertoun Park.

The home was observed to be clean and tidy. However, the décor, fittings and some furnishings were observed to be displaying a significant level of wear and tear. The manager confirmed to us that the home is in regular contact with the estates department in regards to all maintenance issues identified.

There was evidence that some maintenance repairs had been made but these areas had not been repainted. A number of toilet roll holders were broken. A recommendation has been restated for the third time in regard to the redecoration of the home. The operations manager reported to us that a decision is pending in regard to the refurbishment to be undertaken in the home. We advised the manager and operations manager of the necessity to submit a variation in regard to the change of use of rooms and refurbishment plans once approved.

The manager reported that staff had improved the outdoor space and further work was planned to maximise the use of this area. The manager reported plans to improve the entrance to the home.

5.5.4 Accidents/ incidents

An inspection of a random selection of accident and incident notifications from April 2015 to the date of inspection established that these had been reported and managed appropriately.

5.5.5 Complaints/ compliments

Discussions with the manager and review of the complaint records confirmed that complaints had been managed appropriately. The home had received several written compliments in the last few years in regard to the care and support delivered by staff.

5.5.6 Fire safety

The home had a current fire safety risk assessment dated 15 July 2015. An inspection of fire safety records confirmed that fire alarms, emergency lighting and fire extinguishers were checked as required.

We inspected staff training records which confirmed that staff members had received fire training twice yearly. The last fire drill had been undertaken on 3 April 2015. The manager confirmed that another was scheduled to take place in October 2015. We did not identify any obvious fire risks on the day of inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patrick Heaney, Manager as part of the inspection process. 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSPSS 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 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 27 Stated: Third time To be completed by: 31 March 2016	The registered person should ensure that all bedrooms are painted and a re-decoration schedule developed. Failure to address these issues satisfactorily may lead to the Authority initiating enforcement action. Response by Registered Person(s) detailing the actions taken:
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 30 January 2016	The registered person should ensure that policies and procedures in regard to the following areas are developed/ reviewed: <ul style="list-style-type: none"> • Communications with carers and representatives • Involvement of residents in the running of the home • Listening and responding to residents views Response by Registered Person(s) detailing the actions taken:

<p>Recommendation 3</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p> <p>To be completed by: 30 January 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>Response by Registered Person(s) detailing the actions taken:</p>	
<p>Recommendation 4</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2016</p>	<p>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 sign, this is recorded.</p>	<p>Response by Registered Person(s) detailing the actions taken:</p>	
<p>Recommendation 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2015</p>	<p>The registered person should ensure that the monthly monitoring report is completed consistently and contemporaneously every month.</p>	<p>Response by Registered Person(s) detailing the actions taken:</p>	
<p>Registered Manager completing QIP</p>		<p>Date completed</p>	
<p>Registered Person approving QIP</p>		<p>Date approved</p>	
<p>RQIA Inspector assessing response</p>		<p>Date approved</p>	

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk