



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Mertoun Park Hostel (1006)
Date of Inspection: 23 September 2014
Inspector's Name: Kylie Connor
Inspection No: 16647

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Mertoun Park Hostel
Address:	17 Orchard Court Knocknagoney Holywood BT18 9QE
Telephone number:	(028) 9504 0588
Email address:	renee.stewart@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Martin Dillon
Registered Manager:	Mrs Renee Stewart
Person in charge of the home at the time of inspection:	Mrs Renee Stewart
Categories of care:	RC-LD(E), RC-LD,
Number of registered places:	14
Number of residents accommodated on day of Inspection:	10
Scale of charges (per week):	£461
Date and type of previous inspection:	17 March 2014 Secondary Unannounced Inspection
Date and time of inspection:	23 September 2014 10:35am to 4:45pm
Name of Inspector:	Kylie Connor

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. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. 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 ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	6
Staff	2 and the registered manager
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	7	3

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Mertoun Park Hostel is situated in a residential area on the outskirts of east Belfast and is within easy access to shops and other local amenities. The residential care home is owned and operated by the Belfast Health and Social Care Trust (BHSCT). Renee Stewart is the manager and has been the registered manager with RQIA from 2013.

The home provides a residential care service across two addresses which are in close proximity to each other, number 11 and number 17 Orchard Court. Accommodation for residents is provided in single bedrooms in two storey houses. Access to the first floor is via stairs.

The home also provides communal living rooms, dining room, kitchen, catering, laundry, offices and a number of sanitary facilities throughout the home. An enclosed garden is available to the rear of number 11 and number 17. Limited parking is available at the front of the home.

The home provides accommodation for a number of permanent residents and a respite service. The home is registered to provide care for a maximum of fourteen persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This primary unannounced care inspection of Mertoun Park Hostel was undertaken by Kylie Connor on 23 September 2014 between the hours of 10:35am and 4:45pm. Renee Stewart was available during the inspection and for verbal feedback at the conclusion of the inspection.

The three of the four recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all had been addressed. The fourth recommendation regarding re-decoration has been carried over for examination at the next inspection due to recent plans for permanent residents to move into supported living before Christmas 2014. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned staff questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Comments received from residents and are included in section 11.0 of the main body of the report.

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

The areas of the environment viewed by the inspector's presented as clean, organised, adequately heated and fresh smelling throughout. Décor is in need of improvement and the registered manager confirmed that the trust are considering the extent of refurbishment at the present time. The furnishings in general were found to be well maintained.

Additional information submitted prior to the inspection was considered including, care reviews, vetting of staff and finance. No issues were identified in regard to the latter two. A recommendation has been made in regard to the latter. Further details can be found in section 11.0 of the main body of the report regarding returned information on the management of complaints, care reviews, information in relation to resident dependency levels/ guardianship, vetting of staff and fire safety.

Nine recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector's would like to thank the residents, the registered manager and staff for their assistance and co-operation throughout the inspection process.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had policies and procedures in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used.

Residents' care records outlined their usual routines, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. Improvements have been identified in regard to relevant policies and procedures. The evidence gathered through the inspection process concluded that Merton Park Hostel is compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities and a recommendation has been made. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that a programme of activities is not formally in place but that activities are based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

Records of activities and discussions with staff and a review of the staff questionnaire supported that activities are appropriate to meet the needs of residents. Evidence demonstrated that activities were provided throughout the course of the week and were age and culturally appropriate and took account of residents' spiritual needs and facilitated inclusion in community based events.

Residents were given opportunities to make suggestions regarding activities. Activities are provided by care staff. A limited selection of materials and resources were available for use during activity sessions and this was in need of improvement. A recommendation has been made. The evidence gathered through the inspection process concluded that Mertoun Park Hostel is substantially compliant with this standard.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 17 March 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27	The registered manager should ensure that all bedrooms are re-painted and a re-decoration schedule is developed.	Since the last inspection a decision has been taken for permanent residents to move out into supported living before Christmas 2014. Respite has been booked until 31 December 2014. Therefore, this recommendation is carried forward.	Not examined
2	19.6	The registered manager should ensure that the ideas to involve residents' and their representatives in the recruitment process are further developed.	The registered manager confirmed that this was discussed at a residents meeting and in future recruitment the views of residents will be considered. This is addressed.	Compliant
3	27.1	The registered manager should ensure that the bathroom windows are cleaned thoroughly to remove the mould and measures are implemented to prevent a re-occurrence.	The registered manager confirmed that these areas were steam-cleaned and forms part of the cleaning schedule. This is addressed.	Compliant
4	27.3	The registered manager should review outdoor seating for residents' use in the two gardens to ensure it is adequate and suitable for residents' needs.	The registered manager confirmed this has been addressed.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
All staff have a good knowledge and understanding of each individual residents usual conduct, behaviour and means of communication. This is documented in individual daily notes, monthly reports, care plans, daily handovers and team meetings.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure dated 2010 in place entitled ‘Use of Physical Intervention by Staff in Mental Health and Learning Disability Services’ and Use of Restrictive Practices in Adults (2011). The registered manager confirmed that both are currently being reviewed. The latter policy and procedure reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy did not detail that RQIA must be notified on each occasion restraint is used and a recommendation has been made.</p> <p>Observation of staff interactions, with residents and discussions with staff identified that informed values were demonstrated and discussions with staff confirmed that least restrictive strategies were implemented. A review of staff training records and discussions with staff identified that all care staff had received training in behaviours which challenge entitled Skip over three days and completed a one day update on an annual basis, which included a human rights approach. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place.</p> <p>A review of two residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments</p>	Substantially compliant

<p>were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. A review of the returned staff questionnaires identified that two of the three staff had received training.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When a resident's behaviour is uncharacteristic and causes concern the staff will report to the senior staff on duty / manager. The staff will observe and monitor the situation and document in the individual daily notes. If necessary, the relevant professional or family / carer is informed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Use of Physical Intervention by Staff in Mental Health and Learning Disability Services 2010 included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records and discussions with staff confirmed that residents' representatives and professionals are informed appropriately.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are aware if a consistent approach or response is needed, this is detailed clearly in the care plan. Staff will inform the resident's representative about any change of approach or responses required to meet the needs of the resident.	Compliant
Inspection Findings:	
A review of two care plans and discussions with staff identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a specific behaviour management programme is required, it will have been approved by the relevant trained professional and will be documented in the resident's care plan.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All staff would receive the necessary training, guidance and support from the relevant professional to meet the needs of a behaviour management programme, if one was in place.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Training is addressed in section 10.1 of the report.	Not applicable
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any incident outside the scope of a resident's care plan is recorded in their personal file. An incident report is completed through the Trusts incident reporting system (DATIX), RQIA, the carer / representative and relevant professional are notified. Where necessary the resident's care plan is updated.	Compliant
Inspection Findings:	
A review of the accident and incident records from 1 August 2014 to the date of the inspection and discussions with staff identified when incidents had occurred outside of a care plan, residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others and where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider’s Self-Assessment Records are kept of all instances when restraint is used. All staff are trained in SCIP and only use restraint as a last resort in order to protect the resident or other persons when all other less restrictive strategies have been unsuccessful.	Compliant
Inspection Findings: Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that physical restraint was not used. Residents were not asked about their awareness of decisions that affected their care and if they had given their consent to limitations. Restrictions identified included arrangements for smoking materials. A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described. A recommendation has been made and should include consideration of physical, environmental, mechanical, technological, chemical and psychological.	Substantially compliant
PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment All activities carried out with residents of Mertoun Park are based on identified needs and interests. Staff review these activities with residents to ensure a positive outcome for the residents.	Compliant
Inspection Findings: The home did not have a policy on the provision of activities and a recommendation has been made. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. One of the three staff questionnaires did not reflect this view and two staff questionnaires did. The Statement of Purpose provided information pertaining to activity provision within the home.	Substantially compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities in Mertoun Park are person centred and take in account the residents personal preferences. We facilitate all our residents spiritual needs and assist our residents to use a variety of local community facilities.	Compliant
Inspection Findings:	
Examination of the record of activities identified that social activities are organised and included activities which were age and culturally appropriate and reflected residents' needs and preferences. There was evidence that activity provision took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. One of the three staff questionnaires did not reflect this view and two staff questionnaires did. There was acknowledgement that a pending move to supported living for permanent residents will further improve activities for residents.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All the residents in Mertoun park are given the opportunity to contribute suggestions and decide on which activities they wish to be involved in.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents and staff, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and review meetings. One example provided pertained to a resident expressing an interest in wrestling and a trip to a wrestling even was facilitated by staff.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
We currently do not have a set programme of activities in Mertoun Park. There is a notice board displaying up and coming events happening locally which is discussed with residents individually and at their residents meetings.	Not applicable

Inspection Findings:	
On the day of the inspection there was information on display at the entrance and in the dining room pertaining to a range of activities which are available in the home and events coming up. However, there was no programme of activities on display. A recommendation has been made.	Moving towards compliance
STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Staff support all our residents to access activities of their choice. If necessary the provision of equipment and aids will be provided.	Compliant
Inspection Findings:	
Activities are provided each week by designated care staff. Staff confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and craft materials, sensory story telling materials and nail care. There was confirmation from the registered manager that a designated budget for the provision of activities was in place. There was evidence that resources need to be improved and a recommendation has been made.	Substantially compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All activities take into account the needs and abilities of our residents.	Compliant

Inspection Findings:	
Care staff confirmed and residents indicated that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Currently Mertoun Park does not have anyone contracted-into carry out activities.	Not applicable
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Currently Mertoun Park does not have anyone contracted-in to carry out activities.	Not applicable
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A record is kept in Mertoun Park of all activities that take place, the person leading the activity, and the names of all the residents who participate in the activity.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was no evidence that appropriate consents were in place in regard to photography and other forms of media. A recommendation has been made.	Substantially compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities are person centred and individualised to the resident. We do not have a structured programme of activities.	Not applicable
Inspection Findings:	
A review of the records of activities identified that activities are discussed on a regular basis at residents meetings. The records also identified that activities had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with six residents informally and greeted another resident. Most residents were out at day activities during the inspection. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

11.2 Relatives/representative consultation

No relatives visited the home during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff and three staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. One returned questionnaire expressed negative views in regard to a number of areas which were not expressed by any others or observed on inspection. Comments made within this questionnaire were shared with the registered manager who stated that she would follow this up with the staff team.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. An issue was raised regarding running out of hand-towels and soap in the bathroom facilities and toilets "look like it hasn't been done or done well enough." A recommendation has been made.

Comments received included:

- "We had bingo and snakes and ladders but they have got ruined. We have sensory story telling, nails/hand massage and we have dvd nights. It's mostly music and colouring in or an impromptu disco. Music is a big thing."
- "Residents love to go to connswater to shop, to concerts, bowling, cinema, to local parks, swimming, meals out. They like to come home and chill out and do their individual activities and staff do one to one."
- "It (the food) definitely has improved, sometimes there are issues about items not being delivered on time for the menu but the quality has improved. There is a supply of frozen food available or the next nights meal is cooked swapped round."
- "I think it's (the home) is very good that's why I've been here for so long. The standard of care (is good) and they (the residents) seem to be happy, we have real good craic."

11.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire, following discussion with the registered manager did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014. A recommendation has been made. However, the registered manager confirmed that all residents had had an annual review facilitated by the home and the registered manager was aware that the Trust has plans to address this.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints are being robustly recorded and managed, were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

A number of complaints were from residents complaining about the behaviour and in particular the noise generated by other residents including residents who avail of the homes respite service. Prior to the inspection, the Authority had been notified of the planned move for permanent residents into a new supported living service in Belfast. It is acknowledged that his move will provide a solution to these issues.

The registered manager confirmed that lessons learnt from investigations were acted upon and that complaints are discussed at every monthly staff meeting.

11.8 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor was found to be in need of improvement but

this issue previously stated has been carried over for examination at the next inspection. Furnishings were found to be well maintained and in good condition.

11.9 Guardianship Information/Resident Dependency

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

Information was submitted in regard to resident dependency and no issues were identified.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 22 August 2014. The review identified that recommendations were made as a result of this assessment and discussions with the registered manager confirmed that the majority have been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 22 October 2013 and 29 April 2014. The records also identified that an evacuation had been undertaken on a monthly basis during the last three months examined with the most recent dated 8 September 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Renee Stewart as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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.

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Mertoun Park Hostel

23 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Renee Stewart, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 applicatio

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (Section 9 of the report refers)	<p>The registered manager should provide an update regarding the re-decoration/ 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>	Two	A Capital Bid has been completed requesting the painting of bedrooms and a redecoration schedule of redecoration of the internal walls. This has been forwarded to Brendan Ingram for inclusion at the BHSCT Capital Bid meeting to be held in January 2015.	By return of QIP
2	11.1 (Section 11.6 of the report refers)	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.	One	The review meetings of all the residents have been arranged and organised with the involvement from the community learning disability team who are organising and facilitating these reviews. They will be held between November 2014 and December 2014.	1 January 2015
3	10.1 10.4	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.	One	<p>The policy on the use of restraints, 'Use of Restrictive Interventions for Adults and Children's Services', is currently being reviewed.</p> <p>Records are kept of all incidents when restraint is used</p>	1 February 2015

				<p>as detailed in the Residential Care Standards 10.7. Any incident that is managed outside of the care plan is recorded and reported to the residents representative where appropriate and relevant professional staff.</p> <p>Can RQIA please clarify standard 10.6/10.7 regarding reporting each incident when restraint is used to the RQIA.</p> <p>Following clarification from RQIA the Registered Manager will update the local procedures and include, if necessary, the procedures for notifying the RQIA of each occasion restraint is used.</p>	
4	10.7	The registered 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.	One	The statement of purpose has been reviewed and includes arrangements for any types of restraints or restrictive practices that may be used within the home.	1 February 2015
5	13.1	The responsible person should develop a policy and procedure on the provision of activities and events.	One	A procedure is being developed on the provision of the activities and events within and outside of the home. Completion date 1 st January 2015..	1 January 2015

6	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.	One	A programme of activities in a suitable format that is accessible to all residents and their representatives and this will be displayed clearly in the home by 1 st December 2014.	1 December 2014
7	13.5	The responsible person should review and improve the provision of activity equipment.	One	The registered manager has ordered a range of activity equipment which will improve the provision of activity for all the respite service users.	By return of QIP
8	13.9	The responsible person should ensure appropriate consents in regard to photography and other forms of media in place.	One	There is a Belfast HSCT policy in place regarding consent for photographs. A local procedure regarding appropriate consent in regard to photography and other forms of media is in place and has been added to all the residents files.	1 January 2015
9	35 (Section 11.13 of the report refers)	The responsible person should review domestic service routines to ensure that high standards of hygiene and cleanliness are maintained at all times.	One	The registered manager has discussed the standards of hygiene and cleanliness with domestic staff. The Registered manager has reviewed domestic routines to ensure high standards of hygiene and cleanliness are maintained.	By return of QIP

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Renee Stewart
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	michael mcbride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	K.Connor	18/12/14
Further information requested from provider			