

# Unannounced Care Inspection Report 27 September 2016



## Mertoun Park

Type of service: Residential Care Home  
Address: 17 Orchard Court, Knocknagoney, Holywood, BT18 9QE  
Tel no: 028 9504 0588  
Inspector: Laura O'Hanlon

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mertoun Park took place on 27 September 2016 from 11.00 to 16.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision, adult safeguarding, infection prevention and control, risk management and the home's environment.

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

### Is care effective?

There were examples good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Three areas for improvement were identified in relation to care records. One requirement was made to ensure that a needs assessment and care plan is completed for one identified individual. Two recommendations were made to:

- ensure that where residents are admitted to the home on an emergency basis, sufficient current multi-disciplinary assessments are obtained prior to admission to inform the assessment process.
- ensure that robust systems are implemented to ensure that care needs assessments and care plans are completed in a timely manner after residents are admitted to the home.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Patrick Heaney, registered manager and Mrs Anne Campbell, community services manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 3 February 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast Health and Social Care Trust	<b>Registered manager:</b> Mr Patrick Heaney
<b>Person in charge of the home at the time of inspection:</b> Mr Patrick Heaney	<b>Date manager registered:</b> 8 December 2015
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 14

## 3.0 Methods/processes

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

During the inspection the inspector met with five residents, one member of ancillary staff, two members of care staff, the registered manager and the community services manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments

- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident and notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policy and procedure on adult safeguarding

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 3 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last. care inspection dated 5 February 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 27  <b>Stated:</b> Third time  <b>To be completed by:</b> 31 March 2016	The registered person should ensure that all bedrooms are painted and a re-decoration schedule developed.  <b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that all bedrooms were painted. A further programme of refurbishment is planned in the home. The registered manager confirmed that new items of furniture were ordered.	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 21.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 3 April 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"> <li>• Communications with carers and representatives</li> <li>• Involvement of residents in the running of the home.</li> </ul>	<b>Met</b>

	<ul style="list-style-type: none"> <li>Listening and responding to residents views.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The registered manager has developed a local protocol named 'How we in Mertoun Park, obtain service user's views, their carers views and how we keep regular contact.' This protocol encompasses the above policies.</p>	
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 March 2016</p>	<p>The registered person should ensure that the needs assessment is signed by the resident or their representative where appropriate and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the care records confirmed that two out of three needs assessments were appropriately signed.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2016</p>	<p>The registered person should ensure that a needs assessment is completed for one identified resident.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that a needs assessment was completed for this identified resident. This resident is no longer accommodated in the home and the documents were not available for inspection.</p>	<b>Met</b>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2016</p>	<p>The registered person should ensure that a care plan is completed for one identified resident.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that a care plan was completed for this identified resident. This resident is no longer accommodated in the home and the documents were not available for inspection.</p>	<b>Met</b>

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was available for inspection. The registered manager confirmed that he had a plan in place to ensure annual staff appraisals were completed. This will be reviewed at the next inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of one staff competency and capability assessment found this to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure dated 2013 included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) including the implementation of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission for planned admissions to the home. Two out of three care records reviewed contained care needs assessments and risk assessments (e.g. manual handling, nutrition, falls) and these were reviewed and updated on a regular basis or as changes occurred. This is discussed further in section 4.4.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs and personal items. The home was fresh- smelling, clean and appropriately heated. The registered manager advised that a plan for refurbishment of the home was in place and that work was to be completed over the next six months. New items of furniture were ordered.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 3 August 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 10 May 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked either weekly or monthly and were regularly maintained.

### Areas for improvement

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Two out of three care records reviewed contained an up to date assessment of needs, life history, risk assessments and care plans. A daily statement of health and well-being of the resident was maintained for all three care records.

The third care record reviewed identified shortfalls in the pre admission process. Whilst it is recognised that this resident was admitted on an emergency basis, insufficient current multi-disciplinary assessments were obtained prior to admission to inform the assessment process. A recommendation was made in this regard.

In relation to this resident there was no care needs assessment or care plan in place. It was noted that this resident had a history of epilepsy therefore it would be imperative that an epilepsy management plan was in place to inform staff. A requirement was made to address this.

As this issue was raised at the last inspection, a recommendation was made that robust systems are implemented to ensure that care needs assessments and care plans are completed in a timely manner after residents are admitted to the home.

The care records reflected the multi-professional input into the residents’ health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information for planned admissions to the home, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident and/or their representative meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

**Areas for improvement**

Three areas for improvement were identified in relation to care records. One requirement was made to ensure that a needs assessment and care plan is completed for one identified individual. Two recommendations were made to:

- ensure that where residents are admitted to the home on an emergency basis, sufficient current multi-disciplinary assessments are obtained prior to admission to inform the assessment process.
- ensure that robust systems are implemented to ensure that care needs assessments and care plans are completed in a timely manner after residents are admitted to the home.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	2
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**4.5 Is care compassionate?**

The registered manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents and staff, along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection residents were supported to go on an outing in the afternoon. Arrangements were in place for residents to maintain links with their friends, families and wider community. Family members were welcome to visit the home at any time.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, review of care records and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, residents’ meetings and the monthly monitoring visits.

The inspector met with five residents during the inspection. All of the residents spoke positively about the provision of care and the kindness and support received from staff. One of the comments made was:

- “I had my lunch, it was lovely. I like coming here.”

Some of the staff comments included:

- “I love it here, there are definite improvements in the home. I think it’s a really happy place to be, the care is person centred.”
- “The care provided here is brilliant and fantastic. The residents have a good quality of life and can make their own choices”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records

of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Records of compliments were retained. One such record included:

- “I wish to thank you for the support and kindness shown to my sister. As the sole carer my sudden admission to hospital was quite traumatic for both of us, but knowing she was safe was a great comfort to me.”

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered manager identified that he had understanding of his role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring visits.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Discussion with staff established that they were knowledgeable regarding the whistleblowing policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Some staff comments included:

- “Pat is approachable and I am confident any concerns would be addressed. He always rolls his sleeves up and gets stuck in.”
- “Pat is very approachable. He helps a lot. There is no gap between management and the staff team. There is good communication among the team. Pat will address any issues.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Patrick Heaney, registered manager and Mrs Anne Campbell, community services manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 16 (1)

**Stated:** First time

**To be completed by:**  
4 October 2016

The registered provider must ensure that a needs assessment and care plan is completed for one identified individual.

**Response by registered provider detailing the actions taken:**

In response to this requirement, the registered provider has ensured that when a service user is admitted for an emergency period, a needs assessment and care plan is commenced on admission. The registered manager has notified all band 5 staff to ensure this process is in place. This process will also be discussed and minuted at the next staff meeting in January 2017.

### Recommendations

#### Recommendation 1

**Ref:** Standard 21.5

**Stated:** First time

**To be completed by:**  
31 December 2016

The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion.

**Response by registered provider detailing the actions taken:**

The registered provider has ensured that all staff are aware the chair of the Belfast Trust LASP is the Trust's designated adult safeguarding champion.

There is a process within the Trust to ensure all policies are reviewed.

#### Recommendation 2

**Ref:** Standard 3.4

**Stated:** First time

**To be completed by:**  
28 September 2016

The registered provider should ensure that where residents are admitted to the home on an emergency basis, sufficient current multi-disciplinary assessments are obtained prior to admission to inform the assessment process.

**Response by registered provider detailing the actions taken:**

In response to this recommendation the registered provider has ensured that where a resident is admitted to the home on an emergency basis, sufficient current information is immediately sought to inform the admission process. The registered manager has communicated with all band 5 staff to ensure this process is in place. This process will also be discussed and minuted at the next staff meeting in January 2017.

#### Recommendation 3

**Ref:** Standard 20.2

**Stated:** First time

**To be completed by:**  
4 October 2016

The registered provider should ensure that robust systems are implemented to ensure that care needs assessments and care plans are completed in a timely manner after residents are admitted to the home.

**Response by registered provider detailing the actions taken:**

In response to this recommendation the registered provider has ensured that robust systems are in place to ensure that care needs assessments and care plans are commenced on admission. The registered manager has communicated with all band 5 staff to ensure

	this process is in place. This process will also be discussed and minuted at the next staff meeting in January 2017.
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