



# Unannounced Care Inspection Report 2 January 2020



## Haypark

**Type of Service: Residential Care Home**  
**Address: 36 Whitehall Parade, Belfast BT7 3GX**  
**Tel no: 028 9064 1784**  
**Inspector: Debbie Wylie**

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

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 30 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Haypark Homes Ltd</p> <p><b>Responsible Individual:</b> J McWhirter</p>	<p><b>Registered Manager and date registered:</b> Jennifer McClean 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Nan McConville, Deputy Manager.</p> <p>J McWhirter, Responsible Individual and Jennifer McClean, Registered Manager, later joined the inspection.</p>	<p><b>Number of registered places:</b> 30</p> <p>There shall be one identified resident in category RC-MP/MP (E). RC-DE for a maximum of five residents only.</p>
<p><b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 28</p>

### 4.0 Inspection summary

An unannounced inspection took place on 2 January 2020 from 09.30 to 16.00 hours by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care and finance inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to training, staffing, resident choice and dignity, staff induction and competency and the dining experience.

Areas requiring improvement were identified including infection prevention and control, control of substances hazardous to health, care documentation, oversight audits and availability for inspection.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer McClean, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 4 June 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 4 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care and finance inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff training matrix
- staff competency records
- three residents' records of care
- one staff recruitment file
- fire safety records
- complaint records

- one resident's financial record
- compliment records
- governance audits/records
- monthly monitoring reports from May to December 2019
- RQIA registration certificate
- a sample of minutes of staff meetings
- staff registration with Northern Ireland Social Care Council

Areas for improvements identified at the last care and finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 4 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure that records of furniture and personal possessions for all of the current service users are reviewed and updated where necessary. The date of and signatures of the persons carrying out the review of the records should be recorded.</p> <p>All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</p> <p>The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Inspection of a sample of residents' records confirmed that an inventory of residents' furniture and personal possessions was in place, regularly updated and signed by two staff members. The manager confirmed that staff are aware of the need to highlight electrical items and items of significant value.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time</p>	<p>The registered person shall take adequate precautions against the risk of fire, by ensuring that hall ways are free from obstruction at all times.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Inspection of all hallways showed that they were free from obstruction.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) (d) (v) <b>Stated:</b> First time</p>	<p>The registered person shall make adequate arrangements for reviewing fire precautions including a robust system for supervision and cleaning of the smoking lounge.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> An hourly check of the smoking room was observed to be carried out and documented by staff including the cleaning of the room. We found the smoking room to be clean and a fan had been added.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 22 (1) (b) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that for the identified resident, their personal monies are withdrawn from the bank account used in the carrying on of the home and are safeguarded separately.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A locked safety deposit box was inspected and in place for the identified residents' personal monies. This was kept in a locked cabinet with a signing sheet for deposits and withdrawals.</p>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	<b>Action taken as confirmed during the inspection:</b>	<b>Met</b>



<p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that recruitment records contain written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer. Any gaps in an employment record are explored and explanations recorded, and reasons for leaving jobs are recorded.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 9.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 10.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that when a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. This is specifically in relation to the management of mental health.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Fire records reviewed confirmed that all staff had completed fire training twice this year and this training has been included in the new staff induction template.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The care records reviewed for the resident requiring a consistent approach or response from staff confirmed that this care plan was in place and up to date.</p>	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The home was warm, well lit and well-presented throughout. Communal rooms were nicely decorated, uncluttered and tidy. Residents were well presented and were appropriately dressed. Clothing was laundered to a high standard and personal care had been undertaken.

Corridors were clutter free and fire exits were free from obstacles. Residents' bedrooms were personalised with their own memorabilia and personal belongings. The bedrooms were clean and tidy with the exception of one bedroom which required attention to remove used equipment. This was removed by the manager. Bathrooms inspected were found to have toiletries and creams which had the potential to be shared amongst residents. We also noted gloves on the window sills, stored equipment and a raised toilet seat was stained. An area for improvement was made

In one bathroom it was also noted that cleaning fluids were not locked away and the laundry room was unlocked allowing access to laundry chemicals. An area for improvement was made.

The manager confirmed that staffing levels and skill mix within the home were determined through regular monitoring of residents' dependency levels. We saw that staffing levels on the day of inspection matched the staffing levels described by the manager. No concerns were raised about staffing levels during discussion with residents or staff.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned.

Discussion with staff confirmed that a period of induction was completed relevant to their roles and responsibilities. A competency record for staff in charge was reviewed and found to be complete for all relevant staff. Observation of staff showed that interaction with residents was appropriate respectful and staff were knowledgeable in relation to individual residents' needs.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of residents were met.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. The chef chatted to residents in a friendly manner and had a very good knowledge of their dietary requirements.

Patients able to express their opinions said that they were well cared for and that staff treated them well. One resident who was anxious was quickly reassured by the owner of the home. Patients unable to express their views were found to be well groomed, relaxed and comfortable.



We reviewed three residents’ care records and found that residents had been fully involved in their care plans and consent had been obtained for use of their personal information. There was evidence of liaison with other health care professionals in the care of residents and also records were regularly updated.

**Areas for improvement**

The following areas were identified for improvement in relation to infection prevention and control and control of substances hazardous to health.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

A review of residents’ records showed that they were stored confidentially and written in a respectful way. Residents’ profile and care assessment were detailed and in place for the three residents reviewed. Supplementary care records reviewed in relation to hourly overnight checks for resident’ and hourly safety checks of the smoking area confirmed that this were carried out.

One resident described how staff would help with the provision of dietary needs, help those who needed assistance with taking their meals and encourage the resident’s intake. Another resident told us that staff were prompt on attending her room when she needed their assistance.

Residents care records confirmed that staff also contacted other professionals regarding any aspects of care requiring their attention. This was well documented by staff and ensured that the right care was being provided by the right professional for the best outcomes for residents. However, care plans and risk assessments for breathing problems and use of short term medications such as antibiotics and steroids were not in place. An area for improvement was made.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. It was evident that staff were providing the right care at the right time.

**Areas for improvement**

The following areas were identified for improvement; care plans and risk assessments for breathing problems and use of short term medications such as antibiotics and steroids.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We saw that residents were treated with dignity and respect with staff taking their wishes and preferences into account when servicing snacks, meals and while taking part in activities. Residents told us:

“The staff help me when I need them.”  
 “Staff help me when I am getting up and with getting washed.”

Residents told us that the home was comfortable and that they were well looked after. There was a relaxed and calm atmosphere noted throughout the inspection. There was music playing in the background in the dining room and the television was available for residents who preferred to watch it.

The lunch time meal was served in the dining room. The meal appeared hot and appetising and a choice of meal was provided. Residents were observed enjoying their meal and staff assisted those who required help in a timely and appropriate manner. Residents confirmed to us that the food was really good. Residents and staff were seen to be relaxed and discussed their choice of drinks. A menu board was displayed showing residents what choice of meal was being served for lunch. Residents who required assistance with cutting their food were assisted and staff showed a good knowledge of diabetic diets and modified textured diets.

Interactions between staff and residents was observed to be respectful, caring and kind. Residents appeared at ease and those spoken with confirmed that they were well cared for and staff were good to them.

Discussion with staff confirmed they were knowledgeable about resident care needs and we saw them respond to residents’ requests for assistance in a caring way.

Staff were seen to assist a resident to use the telephone on request in a helpful manner following the resident’s instructions. Interaction heard between staff and a resident during personal care was kind and dignified throughout.

We provided questionnaires for resident and relatives to complete; none were returned.

**Areas for improvement**

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There has been no change in manager since the last inspection. The manager assures us that the home is operating within its registered categories of care.

There was a clear management structure within the home and the manager was available throughout the inspection process. Staff were seen to work well as a team with good communication and team work observed.

We reviewed the record of quality monitoring visits undertaken by the provider from May to December 2019. These visits were undertaken monthly and in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. An action plan was included in each report and the actions identified were completed appropriately.

The record of notifiable incidents and accidents in the home was not made available to us on the day of inspection. This was discussed with the manager and an area for improvement was made.

A request was made to review oversight audits for the home but discussion with the manager found that these were not being completed. This was discussed with the manager and an area for improvement was made.

Interaction between the manager and staff was observed to be relaxed and respectful. Staff and the manager were observed discussing residents care and daily life in the home.

Staff were invited to provide comments via an on-line questionnaire. None were received.

### Areas for improvement

The following areas were identified for improvement in relation to governance arrangements and availability of records of notifiable events.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer McClean, Manager and Jim McWhirter, Responsible Individual as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13.-(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that equipment is removed from bedrooms after use, toiletries, personal protective equipment, creams and gloves are removed from bathrooms and a raised toilet seat is cleaned.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person has ensured that all equipment is removed from bedrooms after use - toiletries, personal protective equipment, creams, and gloves have been removed from bathrooms and a raised toilet seat has been replaced</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14.- (2)(a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19.- (3)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure a record of notifiable incidents and accidents in the home is made available to RQIA on the day of inspection.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Records of notifiable incidents and accidents are available for inspection</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that relevant care plans and risk assessments are in place for all residents. This is particularly in relation to use of short term medications such as antibiotics and steroids.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Residents care plan records are updated when doctors prescribe new medication including any antibiotics or steroids</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure working practices are systemically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Working practices are audited and policies and procedures are reviewed and action taken when necessary</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**





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

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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