

Unannounced Care Inspection Report 2 August 2016



Haypark

Type of service: Residential care home
Address: 36 Whitehall Parade, Belfast, BT7 3GX
Tel No: 02890641784
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Haypark Residential Care Home took place on 2 August 2016 from 10:30 to 14:00 Hours.

The inspection sought to assess progress with any issues raised 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 two areas for improvement identified with this domain.

These were in relation to obtaining two references in the recruitment and appointment of staff and revising the home's safeguarding policy and procedure in line with current guidance.

The assessment outcome is recorded as requires improvement.

Is care effective?

There were no areas identified for improvement.

There were examples of good practice found throughout the inspection in relation to discussions with the registered manager confirming that she had good knowledge of residents' assessed needs and prescribed care interventions.

The assessment outcome is recorded as good.

Is care compassionate?

There were no areas identified for improvement.

There were examples of good practice found throughout the inspection in relation to staff interactions with residents which were observed to be polite, friendly, warm and supportive.

The assessment outcome is recorded as good.

Is the service well led?

There were no areas identified for improvement.

There were examples of good practice found throughout the inspection in relation to inspection of staff training records confirming that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The assessment outcome is recorded as good.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer McClean, the Registered 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 19 January 2016.

2.0 Service details

Registered organisation/registered person: Jim McWhirter Georgina Tindal – registration pending	Registered manager: Jennifer McClean
Person in charge of the home at the time of inspection: Jennifer McClean	Date manager registered: 1 April 2005
Categories of care: 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	Number of registered places: 30

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 18 residents, two visiting relatives, five staff of various grades, the registered manager and the registered person.

The following records were examined during the inspection:

- Induction programme for new staff
- A sample of a competency and capability assessment
- Staff training schedule/records
- Induction records
- Two staff recruitment files
- Four residents' care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Safeguarding policy
- Complaints policy
- Policies and procedures manual

A total of 12 questionnaires were provided for distribution to residents 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 19 January 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 19 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 17.10 Stated: First time To be completed by: 20 January 2016	Within the format of recording complaints, it needs to include confirmation details on whether the complainant was satisfied with the outcome of the complaints process. Action taken as confirmed during the inspection: This format has been amended accordingly.	Met

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, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- The registered manager
- 2 x senior care assistants
- 3 x care assistants
- 1 x cook
- 2 x domestics
- 1 x laundress
- 1 x administrator
- 1 x maintenance man
- The registered provider

Inspection of a sample of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training was regularly provided. A schedule for mandatory training was maintained.

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. An inspection of a sample of staff competency and capability assessments were reviewed and found to satisfactory.

An inspection of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. An inspection of two staff members' recruitment files was undertaken. These records contained evidence that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 other than that there was only one reference in each file. A requirement was made to ensure that any member of staff appointed must have two written references in place linked to the requirements of the job, one of which must be the applicant's present or most recent employer.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The adult safeguarding policies and procedures in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

A recommendation was made for this policy and procedure to be revised to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.

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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Staff training records confirmed that all staff had received training in infection prevention and control in line with their roles and responsibilities. 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.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. There was a rolling programme of redecoration in place which had good effect. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

The external grounds of the home were well maintained with good accessibility for residents to avail of.

There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 28 January 2016. This had corresponding evidence in place to confirm that the recommendations from this assessment had been dealt with.

Review of staff training records confirmed that staff completed fire safety training and drills twice annually.

Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked on a regular basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There were two areas for improvement identified with this domain.

These were in relation to obtaining two references in the recruitment and appointment of staff and revising the home's safeguarding policy and procedure in line with current guidance.

The assessment outcome is recorded as requires improvement.

Number of requirements:	1	Number of recommendations:	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. Discussions with the registered manager confirmed that she had good knowledge of residents' assessed needs and prescribed care interventions.

An inspection of four residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. For example discussions with one resident revealed how staff had helped him with smoking cessation and the benefits he got from this. This is to be commended.

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

An inspection 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

There were no areas identified for improvement. The assessment outcome is recorded as good.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

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

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met.

The inspector met with 18 residents during this inspection. All spoke in positive terms about their life in the home, their relationship with staff, the provision of activities and the provision of meals. Some of the comments made included statements such as;

- "I am very happy here. The staff couldn't be better"
- "The staff are all great and work very hard"
- "I like it here. No complaints"
- "There is everything I could ask for here. The staff are all great"
- "My room is lovely and I like the company"

The inspector also met with two visiting relatives at the time of this inspection. Both spoke with praise and gratitude for the care provided and the kindness and support afforded by staff. Comments included statements such as;

- "My grandmother's health has greatly improved since coming here. As a family we are all very pleased with the home"
- "I have great feelings of reassurance when I leave here that my mum is being well looked after"

Discussion with residents, two visiting relatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff knocked bedroom doors before entering and were discreet in handing over confidential information.

Discussion with staff, and residents and observations of care practices, confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection, residents were enjoying the company of one another, watching television, reading or resting. There was good provision of daily newspapers which residents availed of. The choice of television programmes and genre of music played was appropriate to age group and tastes.

Arrangements were in place for residents to maintain links with their friends, families and wider community. For example observations found the registered manager engaging a newly admitted resident's wife into welcoming her to the home and facilitating her participation, well-being and comfort.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents and two visiting relatives 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. For example residents talked about how they were able to make choices for their meals and how menus were planned in accordance with their likes and dislikes.

Areas for improvement

There were no areas identified for improvement. The assessment outcome is recorded as good.

Number of requirements:	0	Number of recommendations:	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 were in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide, information posters and care reviews. Discussions with the registered manager confirmed she was knowledgeable about how to receive and deal with complaints. The registered manager reported that no complaints had been received.

A sample of compliment records were viewed which contained nice comments of praise and gratitude for care and support received in the home.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to staff and action plans developed to improve practice.

An inspection of staff training records confirmed staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example staff had received training in care planning and record keeping, pressure sore management, confidentiality and end of life care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The last three months reports were inspected. These were found to be recorded in informative detail with good evidence of governance.

There was evidence of managerial staff being provided with additional training in governance and leadership, such as clinical supervision and appraisal training.

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 person identified that he had a good understanding of his role and responsibilities under the legislation.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the 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.

Areas for improvement

There were no areas identified for improvement. The assessment outcome is recorded as good.

Number of requirements:	0	Number of recommendations:	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 Jennifer McClean the Registered 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 the 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 DHSPPS 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 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 care.team@rqia.org.uk 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	
<p>Requirement 1</p> <p>Ref: Regulation 21(1) (b) Schedule 2(3)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2016</p>	<p>The registered provider must ensure that any member of staff appointed must have two written references in place linked to the requirements of the job, one of which must be the applicant's present or most recent employer.</p> <hr/> <p>Response by registered provider detailing the actions taken: I HERBY CONFIRM THAT WE HAVE OBTAINED THE APPROPRIATE REFERENCES AS REQUESTED 02 09 2016</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 2 October 2016</p>	<p>The registered provider should revise the safeguarding policy and procedure to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.</p> <hr/> <p>Response by registered provider detailing the actions taken: I HERBY CONFIRM THAT WE HAVE REVISED THE SAFEGUARDING POLICY TO INCLUDE THE NEW REGIONAL GUIDANCE AND HAVE ESTABLISHED A SAFEGUARDING CHAMPION.</p>

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