



Unannounced Care Inspection Report

4 June 2019



Haypark

Type of Service: Residential Care Home
Address: 36 Whitehall Parade, Belfast BT7 3GX
Tel no: 02890641784
Inspectors: Marie-Claire Quinn and Briege Ferris

www.rqia.org.uk

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 thirty residents in the categories of care outlined in section 3.0 below.

3.0 Service details

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| Organisation/Registered Provider: Haypark Homes Ltd Responsible Individual: J McWhirter | Registered Manager and date registered: Jennifer McClean 1 April 2005 |
| Person in charge at the time of inspection: Nan McConville, deputy manager. J McWhirter, responsible individual and Jennifer McClean, registered manager, later joined the inspection. | Number of registered places: 30 |
| Categories of care: 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 | Total number of residents in the residential care home on the day of this inspection: 28 |

4.0 Inspection summary

An unannounced care inspection took place on 4 June 2019 from 09.10 hours to 15.35 hours. The care inspector was joined by the finance inspector between 11.30 and 14.45 hours.

This inspection assessed progress with any areas for improvement identified in the home during and since the last care and finance inspections and 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 the caring attitudes of staff, environmental improvements being made to the home, and ongoing quality improvement work on care records and activities.

Areas requiring improvement were identified in relation to staff recruitment procedures, fire safety precautions, care plans, inventory records and ensuring that a separate bank account is used for certain transactions.

Residents described living in the home as being a good experience. Residents less able to clearly voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff and other residents.

Comments received from residents and staff during 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 |
|--|-------------|-----------|
| Total number of areas for improvement | *3 | *4 |

*The total number of areas for improvement includes one regulation and one standard which have been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with J McWhirter, Responsible Individual and Jennifer McClean, 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.

4.2 Action/enforcement taken following the most recent inspection dated 11 and 12 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 and 12 December 2018. 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 previous inspection findings, registration information, and any other written or verbal information received.

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. No responses were received within the allocated time frame.

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

- staff duty rotas from 29 May 2019 to 5 June 2019
- schedule of staff supervision, annual appraisal and competency and capability assessments
- matrix of staff NISCC registrations
- the recruitment records of two members of staff
- the care records of three residents
- monthly monitoring reports dated 14 February 2019, 28 March 2019 and 30 April 2019
- the home's staff supervision and annual appraisal policies
- minutes of staff meetings from 28 January 2019 and 29 April 2019
- the home's Annual Quality Review report for 2018
- a sample of residents' individual written agreements
- appointee documentation for two residents
- a sample of personal monies authorisation forms
- a sample of income and expenditure records
- a sample of residents' personal property records

Areas for improvements identified at the last care 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement eight were met. One was not met and has been included in the QIP at the back of this report.

Six areas for improvement were identified at the last finance inspection. Five of these were assessed as met and one was not met. This has been included in the QIP at the back of this report.

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.

There was a quiet atmosphere when we arrived to the home. Some residents were having their breakfast in the dining room while others were resting in the lounge with a cup of tea.

Staffing levels on the day of inspection were adequate to meet the needs of the residents and no concerns about staffing levels were raised by residents or staff. The duty rota reflected the staffing arrangements outlined by the person in charge.

Residents were positive about their experiences living in the home;

- “I’m happy here.”
- “It couldn’t be better. Staff are very caring and available. There is usually enough staff here unless five of us need the toilet at once!”
- “I’m very happy to be here. I’m very content.”

Staff spoke positively about working in the home:

- “I love working here. I used to work in a nursing home, but it’s more homely here...I’ve had my annual appraisal which covered medication. I concentrate on that to ensure I get it right.”
- “I love it (working here). We have enough staff and time to have one to ones with residents. You take opportunities to engage with them...The training was brilliant and informative and I’m still learning...Fire training was fantastic.”
- “I’ve worked here a year and I like it. It can be busy but residents get everything they need. I like that I get training every year. I’ve had first aid training, manual handling and fire safety recently, which was helpful.”

The home was tidy and warm; renovation work was ongoing, as the call bell and fire alarm systems were being completely replaced and upgraded. Staff were observed taking care to minimise any disruption to residents while this building work is being completed.

Some fire doors were being wedged open on the day of inspection, however staff stated that this was only a short term temporary measure on the day of inspection due to the building work, and was not standard practice. We noted that three wheelchairs and a weights chair were partially obstructing the hall way. This practice had also been noted in a monthly monitoring report raising some concern that this was a regular occurrence. The registered manager agreed to find more suitable storage areas for this equipment, and an area of improvement has been made under regulations.

The home has one smoking lounge and one non-smoking lounge. The door to the smoking lounge was open, on an automatic closure in the case of fire. Staff advised that this is the residents’ preference and that there have not been any complaints from non-smokers. We observed one resident leaving a lit cigarette in a full ashtray, requiring the inspector to put this out. Staff stated that the smoking lounge was monitored, with care and cleaning staff emptying ash trays when required. Staff in the home advised that there is a smoking risk assessment and care plan in place for any residents who smoke; this was confirmed in review of one care record, and arrangements had also been discussed as part of the resident’s annual care review. Discussion with the registered manager and responsible person identified ongoing environmental improvements that the home had made, including increased ventilation in the smoking lounge. The responsible person also stated that the home’s fire risk assessment will be reviewed as soon as current building work is completed. Review of fire safety training records highlighted nine members of staff were overdue their training, which should be completed twice a year. The responsible person advised that this training was to be arranged by July 2019. However given our observations on the day, two areas of

improvement has been made to ensure the home has a robust system in place for the monitoring of the smoking room and that all staff’s fire safety training is in date.

We reviewed the quality improvement plan from the previous care inspection on 11 and 12 December 2018. Review of the home’s Northern Ireland Social Care Council (NISCC) registration records confirmed that all care staff were now registered or in the process of renewing their registration with NISCC. This area for improvement has therefore been met.

We reviewed the arrangements for staff supervision, annual appraisal and competency and capability assessments which had also been stated as areas for improvement at the last care inspection. All care staff had received a minimum of one supervision and annual appraisal, with the exception of the deputy and registered manager. Three members of domestic staff had also not received supervision or an annual appraisal. Competency and capability assessments had been reviewed with all senior care staff, with the exception of the deputy manager. This was discussed with the registered manager and responsible person, who agreed to address this immediately. Following the inspection, the registered manager confirmed the date that these areas had been addressed with staff. This area for improvement has therefore been met.

Another area for improvement from the previous care inspection was in relation to staff recruitment records. We reviewed the recruitment records of two members of staff. One record included the relevant reference and any gaps in employment had been discussed and recorded. The second record also included discussion and a record of any gaps in employment; however no references had been sought. This area for improvement has therefore not been met and is stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and ongoing improvements to the home’s environment.

Areas for improvement

Three new areas for improvement were identified in this domain; two regarding fire safety precautions in the home and one in relation to fire safety training.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 2 | 1 |

6.4 Is care effective?

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

Residents described staff as attentive and responsive:

- “I couldn’t ask for more. Staff seem to know what I need before I do! Some people will grumble, but those are the people who are never happy.”
- “I tell staff if I’m not feeling well and they get the doctor...If I can’t sleep, I come down at night and get a cup of tea and a chat with them.”
- “Staff come when I call, and I call them four times at night.”

Staff were also positive about the care being offered in the home:

- “The residents are great. It’s great helping someone who needs your help. It’s important that they (residents) are treated well and the family know that too.”
- “I like talking to the wee residents and knowing they have company. We also assist them to keep clean and tidy. I like to make sure their nails are pretty.”

We reviewed a sample of care records to determine whether the home had met the area of improvement stated at the previous care inspection. This evidenced that the home had commenced an audit and review of all care records. Care records were more organised with the introduction of a care plans index and were now reviewed on a three monthly basis to ensure they were up to date at all times. Staff talked about how the new system is being embedded into practice and advised that the responsible person had been “very informative” about this process.

Care records were holistic and included residents’ social histories and life story work. A range of risk assessments and care plans were in place, such as falls and oral health. Care records also evidenced that the home maintained regular contact with health professionals such as GPs, physiotherapy, occupational therapy and district nursing as required. Annual care reviews were completed and included positive feedback from residents and the people who visit them about the quality of care being provided in the home.

We queried one care plan which stated that a resident required a specialised textured diet, as there was no corresponding information or assessment from Speech and Language Therapy (SALT). Discussion with the registered manager identified that these recommendations were no longer required and she accepted that the care plan had not been updated. Following the inspection, the registered manager confirmed that this care record had now been reviewed and updated. This area for improvement has therefore been met.

We spoke with some residents who reported they were experiencing some low mood. They confirmed that they felt they could talk to staff about how they were feeling, and that additional support was available. For instance, one resident was awaiting a visit from her social worker. Staff were also able to describe the individual needs of residents, however review of the care plans for those residents was unsatisfactory. There was a lack of detail on how staff could identify and support a resident experiencing poor mental health. This has therefore been stated as an area of improvement.

We observed part of the lunch time meal. Staff were available to support residents with eating if required. There were mixed responses about the food available in the home:

- “The food is okay.”
- It’s (the food) alright.”
- The food is fantastic!”
- “I love my dessert!”

Discussion with staff confirmed they were knowledgeable about residents’ nutritional needs and were aware of potential hazards, such as choking. Staff confirmed they had first aid training and were aware of dysphagia guidelines. Overall, residents reported that they got enough to eat, and that staff offered options.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff's knowledge of residents' needs and the relationships between residents and staff.

Areas for improvement

One new area for improvement was identified within this domain in relation to ensuring that care plans are sufficiently detailed.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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.

Observation of practice confirmed that daily routines were flexible and responded to residents' choice and preferences. Residents confirmed this; "I don't like eating breakfast so I just have a cup of tea." Residents were observed waking at their own pace and some were enjoying a lie in that morning. Discussion with residents confirmed that they felt they were encouraged and enabled to be independent where possible; "I like to be independent and do things for myself, like getting dressed. I don't like to call on staff (for that)."

Some residents expressed hesitation in asking staff for support; "I don't like to ask for anything" however this resident explained that this was due to their personality, rather than difficulty approaching staff. On one occasion, we had to ask staff to provide juice to a resident who told the inspector they were thirsty; staff had been supporting another resident, however juice was immediately provided.

Staff were observed promoting residents' privacy and dignity by knocking bedroom doors before entering, and seeking verbal consent before offering support with toileting. Care records contained written records of consent regarding safe and healthy practices in the home, such as the front door being locked.

We observed positive interactions between staff and residents; residents were greeted warmly by staff and appeared to have a good rapport, laughing and joking when appropriate. Staff were observed to take time for one to one interactions and conversations with residents, and they stated, "It's important to talk to residents; it's not just about getting them up and dressed. They have such stories to tell."

We observed lovely friendships and rapport between residents; one resident talked about how good of a singer another resident was, and he then started a sing song in the lounge which residents appeared to enjoy. Residents also talked about enjoying bingo and visits from 'Tom the Music Man'. Residents confirmed they had opportunities to engage in activities they enjoyed:

- "I'm going to the day centre for a sing song."

- “The girls (staff) did my nails for me.”
- “The girls (staff) try and encourage me but I like to stay in my room. I’ll go downstairs if there’s something on that I like.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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.

Discussion with staff confirmed there were good working relationships in the home:

- “Absolutely brilliant managers, very supportive. The team work is good; if I wasn’t happy or thought something wasn’t right, I would say.”
- “I’ve good support. I hear what I’m doing well. It’s good to have that feedback.”

Discussion with staff also identified some areas they felt could be improved, namely the provision of activities:

- “The residents need a little more to do.”
- “They (residents) love bingo and a movie day, but they can be bored.”

The home had already begun to address this as they were completing a piece of quality improvement work on activities. Some care records contained ‘one to one’ assessments which captured residents’ specific interests, hobbies and preferred activities. This was to be completed with all residents and used to further develop the activities provided. Staff presented as eager and motivated to contribute to this, reporting several ideas. This was relayed to the responsible person and registered manager and we agreed that this enthusiasm was of great benefit to the home and the implementation of this work, which we will review at future inspections.

An area of improvement regarding staff meetings had been made at the previous care inspection. Review of the minutes of staff meetings confirmed these had been held on 28 January and 29 April 2019. The records of these meetings were adequate. Meetings were used to share learning with the whole team and we discussed how this could be used to address learning from this inspection. For instance, on the day of inspection, some care staff did not fully adhere to health and safety work practices as they were wearing jewellery. The

registered manager agreed to address this with all staff through staff meetings and supervision. This area for improvement has been met.

Review of the home's annual quality review report was satisfactory. This included information on improvements being made in the home regarding redecoration, review of care records and new activities being provided in the home. The report also included positive feedback from residents and relatives.

The inspector reviewed the monthly monitoring reports for February, March and April 2019 and found these to be satisfactory. It was clear that efforts had been sustained to ensure that a number of residents and relatives were approached to seek their views on the home. This had been stated as an area for improvement at the previous care inspection and this has been met.

Another area of improvement from the previous care inspection was made in relation to the home's staff supervision and annual appraisal policies. Review of the staff annual appraisal policy was satisfactory. We also reviewed the home's policy for staff supervision. It was noted that this policy did not reference the frequency or time scales for supervision. This was highlighted to the registered manager and responsible person, who agreed to make the required amendments. Following the inspection, the registered manager confirmed this had now been addressed. This area for improvement has therefore been met.

It was positive to note that most of the areas identified for improvement at the previous care inspection had been met. However, we were not able to fully validate this on the day, requiring follow up information from the registered manager. We discussed this with the registered manager by telephone following the inspection, and we agreed on the need for the home to ensure that improvements are addressed in a timely manner, and were sustained.

Findings of the finance management inspection

A range of residents' financial records were reviewed including resident agreements, income and expenditure records, personal monies authorisations, appointee documents and residents' property records. In general, controls to safeguard monies and property were found to be in place and be operating effectively. Of the six areas for improvement identified from the previous inspection, five of these were met and one was not met; this is stated for a second time and is detailed in the QIP. One further area for improvement was identified in relation to ensuring that for an identified resident, the sum of money currently deposited for safekeeping within the business bank account is withdrawn and safeguarded separately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and staff's engagement in quality improvement efforts in the home.

Areas for improvement

One new area for improvement was identified within this domain during the inspection. This related to withdrawing a sum of cash belonging to an identified resident from the bank account used in carrying on the home and safeguarding this money separately.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with J McWhirter, Responsible Individual and Jennifer McClean, Registered Manager, 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

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| <p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: Second time</p> <p>To be completed by: 4 July 2019</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>Response by registered person detailing the actions taken: Property lists have been updated and placed on the Residents' individual careplans. This information shall be updated on an ongoing basis not least every three months</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</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> <p>Ref: 6.3</p> |
| | <p>Response by registered person detailing the actions taken: The hallways are being kept clear of any obstruction at all times. The obstructions on the day of the inspection were due to the extensive maintenance work being carried out at that time</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</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> <p>Ref: 6.3</p> |
| | <p>Response by registered person detailing the actions taken: The smoking lounge is checked hourly to ensure that ashtrays are emptied. This duty is shared by the care staff under the supervision of the Manager and or the Senior Carer on duty</p> |

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|---|--|
| <p>Area for improvement 4</p> <p>Ref: Regulation 22 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2019</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> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The residents' personal monies are being kept individually in a secure area</p> |
| <p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: Second time</p> <p>To be completed by: 4 December 2019</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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The written references are already kept on the staff files now in a more prominent area</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 9.4</p> <p>Stated: First time</p> <p>To be completed by: 4 December 2019</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> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire and Safety training already takes place on a six monthly basis by Staff Training. Staff who have missed the training through holiday or illness have attended individual courses to bring them up to date. This training is included in the two day induction course for new staff members</p> |

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|--|---|
| <p>Area for improvement 3</p> <p>Ref: Standard 10.3</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The care plans are updated by Care Staff on a daily basis and checked by the Senior Staff Care Supervisor on a quarterly basis. Any changes are discussed with the Manager who shall oversee the requests for Medical Professionals as well as the Residents' appointed social worker and Residents' family where available. Special attention shall be paid to the area of Mental Health and the management required and training sessions have been booked with Staff Training to strengthen this area</p> |
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Please ensure this document is completed in full and returned via Web Portal



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