

# Inspection Report

## 6 and 7 September 2021



## Haypark

**Type of service: Residential**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Haypark Homes Ltd  <b>Registered Person</b> Mr J McWhirter	<b>Registered Manager:</b> Ms Jennifer McClean  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Jennifer McClean- Registered Manager	<b>Number of registered places:</b> 30  There shall be one identified resident in category RC-MP/MP (E). RC-DE for a maximum of five residents only.
<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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 25
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 25 residents. The home is divided over three floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 September 2021 from 9:30 am to 1:30 pm by a pharmacist inspector and continued on 7 September 2021, from 9.45 am to 5.00 pm by a care inspector.

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

The home was clean and tidy. Resident's bedrooms were found to be clean, warm and decorated with personal items.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience.

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management.

One new area of improvement was identified. This related to the display of clients information in a communal area and an area for improvement about care records was stated for a second time.

RQIA were assured that the delivery of care and services provided in Haypark were safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Haypark.

The findings of this report will provide the Registered Persons with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team.

#### 4.0 What people told us about the service

Nine residents and five staff were spoken with. Residents commented positively on living in the home. One resident spoke of how “the staff are kind, I could not ask for better”. Another resident commented on how he “was well looked after, the staff are attentive and the food is good. I know who to talk to if I have any problems”.

Staff spoke of how they enjoyed working in Haypark. They commented positively on the training provided and how they felt there was enough staff on duty. They spoke of how supportive the Manager was and how they feel that the residents were well looked after.

No comments were received from staff via the online survey. No questionnaires were received from relatives or residents.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 10 <b>Stated:</b> First time	The Responsible Person shall ensure that the home is managed as required.  This relates specifically to the Manager’s knowledge and skills in relation to safe recruitment practices, the Mental Capacity Legislation including implementation of the DoL safeguards, the management of restraint and the Covid-19 Regional Guidance for Care Homes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> First time</p>	<p>The Registered Person shall ensure staff are recruited and employed safely in accordance with the relevant statutory requirements.</p> <p><b>Action taken as confirmed during the inspection</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 13.7</p> <p><b>Stated:</b> First time</p>	<p>The Registered Person shall ensure robust arrangements are in place to minimise the risk and spread of infection. This includes the implementation of regular auditing across all aspects of IPC measures and staff practice.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> Second time</p>	<p>The Registered Person will review and put in place more person centred detail in care plans and associated risk assessments for residents who smoke. This needs to be done in consultation with the resident and or their representative and the aligned named worker.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The Registered Person shall ensure staff receive training, commensurate with their role and responsibilities, in relation to the Mental Capacity Legislation for Northern Ireland, including Deprivation of Liberty Safeguards.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p>	<p>The Responsible Person shall ensure medicines are safely and securely stored. This is in relation to the safe storage of prescribed creams and fluid thickening powders.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p>	<p>The Responsible Person shall ensure that a system is implemented to ensure that residents care records are up to date and in sufficient detail to reflect each resident's current care needs.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced the progress made to date. However, records still required some further improvement to ensure they fully reflected residents care needs. Refer to section 5.2.2.</p> <p>This area for improvement is stated for a second time.</p>	<p><b>Partially Met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<p>The Responsible Person shall ensure working practices in the home are regularly audited and that records are maintained for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Areas for improvement from the last medicines management inspection on 30 October 2020</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall develop and implement a robust audit process which covers all aspects of medicines management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall monitor the process for the safe administration of medicines, including controlled drugs to ensure that the staff member who dispenses the medicine, also administers it; and ensure that the medicine records are be completed at that time.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall monitor that staff are adhering to infection prevention and control measures and using appropriate PPE; and that this is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance summary
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall review the current systems regarding personal medication records as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure the disposal of medicines records are fully and accurately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that when care staff have been delegated medicine related tasks, records of training and competency are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that medicine management policies and procedures are reviewed and up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.



Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day; for example in spending time in their bedrooms or the lounges.

Staff were trained and supported to do their jobs in terms of medicines management.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Review of care records for two residents evidenced that skin care was delivered as required. However care plans did not reflect the use of pressure relieving equipment. This was discussed with the Manager and identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Some residents required a modified diet, and had their care planned by Speech and Language Therapists (SALT). It was good to note these SALT care plans were in place. These SALT care plans could be referred to within the care plans devised by care staff. This was identified as an area for improvement.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. A meal of pork chops, potatoes and vegetables was being served and it was evident that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a list up in the dining area containing resident's names and information on their diet. As this information was accessible to anyone, the Manager was asked to review how resident information could be maintained in a confidential manner but still accessible to staff. This was identified as an area for improvement.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records, other than the record displayed in the dining room, were held confidentially.

Care records were generally well maintained and updated to ensure they continued to meet the residents' needs. However, care plans were not always dated and signed by staff when they were reviewed. This was discussed with the Manager and identified as an area for improvement. Residents, where possible, were involved in planning their own care and it is good practice for residents to sign their own care plans when possible. This was discussed with the Manager who agreed to consider this.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Resident's bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A vinyl chair in the library was found to have a tear in it. This was discussed with the Manager and was replaced on the day of inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Visiting arrangements were managed in line with DoH and IPC guidance.

## 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could spend time in their rooms, or in the communal lounges. Residents spoke of how they could receive their visitors in the home as well.

Residents were encouraged to participate in regular resident meetings, which provided an opportunity for them to comment on aspects of the running of the home.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff and a visiting musician to meet their social needs. Activities provided included playing bingo, pampering afternoons, reminiscence and movie afternoons.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

## 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms McClean has been the Manager in this home since April 2005.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the Manager, describing her as approachable.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care Manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The home was visited each month by the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by residents, their representatives, the Trust and RQIA.

## 5.2.6 Medicines Management

The audits completed at the inspection indicated that the residents had received their medicines as prescribed.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example at medication reviews or hospital appointments. The residents' personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of these records was reviewed. The records were found to have been completed to the required standard.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. The records inspected showed that medicines were available for administration when residents required them.

Medicines must be stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Records were maintained of the disposal of medicines.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book.

Robust arrangements were in place for the management of controlled drugs. The controlled drugs record book had been maintained to the required standard.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals to manage weight loss. The records belonging to a resident who was prescribed a thickening agent for addition to fluids and food were reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration were maintained which included the recommended consistency level.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place in this home helps staff to identify medicine related incidents.

## 6.0 Conclusion

Residents commented positively on their lived experience in the home. There was positive and respectful engagement from the staff.

Two new areas for improvement were identified and an area for improvement about care records was stated for a second time. Details can be found in the Quality Improvement Plan included.

Based on the outcome of the inspection RQIA was assured that this service was providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	*3

\* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer McClean, Registered Manager and Mr Jim McWhirter, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> Second time	The Responsible Person shall ensure that a system is implemented to ensure that residents care records are up to date and in sufficient detail to reflect each resident's current care needs.  Ref 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All care plans have now been revised and updated
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The Responsible Person shall ensure that SALT care plans are referred to within the care plans devised by care staff.  Ref 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All SALT care plans have been updated and included in the care plans devised by care staff
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time	The Responsible Person shall ensure that resident information can be maintained in a confidential manner but still accessible to staff.  Ref 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Resident information is maintained in a confidential manner but is still accessible to staff

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



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