

# Unannounced Follow Up Care Inspection Report 8 March 2018



## Haypark

**Type of Service: Residential Care Home**  
**Address: 36 Whitehall Parade, Belfast, BT7 3GX**  
**Tel No: 028 9064 1784**  
**Inspector: Kylie Connor**

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

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 30 places that provides care and support for residents whose needs fall within the categories of care detailed in section 3 of the report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Haypark Homes Ltd  <b>Responsible Individual:</b> J McWhirter	<b>Registered Manager:</b> Jennifer McClean
<b>Person in charge at the time of inspection:</b> Jennifer McClean	<b>Date manager registered:</b> 1 April 2005
<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 registered places:</b> Total number, 30 comprising: 30 – RC-I – Old Age 05 – RC – DE - Dementia 01 – RC – MP/MP(E)

### 4.0 Inspection summary

An unannounced inspection took place on 8 March 2018 from 10.00 to 15.30.

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

The inspection sought to assess progress with issues within the quality improvement plans following the care inspections undertaken on 6 September 2017 and 30 November 2017.

The following areas were also examined during the inspection:

- Feedback from residents, staff, a resident's representative and a visiting professional
- The environment

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

### 4.1 Inspection outcome

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr 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 premises inspection**

No further actions were required to be taken following the most recent inspection on 15 December 2017.

## **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous care inspection report and returned QIP and communication received in regard to the home.

During the inspection the inspector met with three residents, the registered manager, the responsible individual, two care staff, two ancillary staff, one visiting professional and one resident's visitor.

A lay assessor, Trevor Lyttle was present during the inspection, spoke to six residents and their comments are included within this report.

Questionnaires were provided for residents and/or their representatives to complete and return to RQIA. One completed questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Residents care records
- Policy and procedure manual
- Activity records
- Annual Quality Review Report 2017
- Mandatory training matrix

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met and 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 most recent inspection dated 15 December 2017**

The most recent inspection of the home was an announced premises inspection. There were no areas for improvement identified.

## 6.2 Review of areas for improvement from the last care inspection dated 30 November 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 2 (a) <b>Stated:</b> First time	The registered person shall ensure that the torn carpet on the identified fire exit stairs is addressed to ensure that the hazard to residents' safety is removed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the stairs and discussion with the responsible person.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> Second time	The registered person shall ensure that the range of risk assessments completed regarding the delivery of care or behaviour are reviewed to ensure risks are assessed including areas such as nutrition and manual handling etc.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of three care records confirmed that risk assessments had been completed in regard to areas including nutrition, smoking and falls.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> Second time	The registered person shall ensure that smoking risk assessments are improved to include the identification of all risks, hazards and what arrangements and actions are in place to reduce and manage these.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of three residents' care records. During feedback, the inspector advised how smoking risk assessments could be further improved.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Compliance was confirmed following feedback from residents, discussion with staff, inspection of the programme of activities and activity records. It was good to note that an identified member of staff is responsible for co-ordinating activities in the home.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Compliance was confirmed following discussion with the registered manager and inspection of the programme of activities on display.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that training is provided to staff in line with their roles and responsibilities in regard to:</p> <ul style="list-style-type: none"> <li>• activity provision</li> <li>• managing malnutrition and nutritional screening, including the management of residents' weight</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Compliance was confirmed following discussion with staff, the registered manager and inspection of training records.</p>		

<b>Area for improvement 6</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time	The registered person shall ensure that residents' weight is recorded in their individual care record; the recording format evidences evaluation of change and action taken regarding referrals made or advice sought from health care professionals or members of the multi-disciplinary team.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of residents' weight record and two residents' care records that evidenced monitoring and analysis of these records.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure that working practices are consistently audited: <ul style="list-style-type: none"> <li>• develop and implement an audit tool to improve governance in the effective management of malnutrition and nutritional screening</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following review of two residents' records and discussion with the registered manager, who reported that she had reviewed weight records to ensure effective management.	

### Carried forward regulations and standards

<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 20. – (1) (c) (i) <b>Stated:</b> First time	The registered person shall ensure that staff receive appraisal and mandatory training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and staff confirmed that 10 staff had had an annual appraisal. The registered manager gave assurances that the remaining staff would have an annual appraisal in the next two to three weeks. Inspection of a training matrix and discussion with staff confirmed that staff had received mandatory training.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20. – (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff are appropriately supervised in accordance with standard 24.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Compliance was not confirmed following discussion with the registered manager who reported that training in supervision was being sought.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 17. (1) (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that an annual quality review report is completed which includes consultation with residents and their representatives.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An annual quality review report had been completed, dated 30 January 2018. The inspector advised that the next report is improved to include an analysis of areas including, complaints, accidents and incidents, outcome from consultation with residents and their representatives, improvements to the environment and a summary of findings in monthly monitoring reports.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a policy and procedure is developed for the supervision and appraisal of staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A policy on staff supervision and appraisal dated 20 October 2017 was in place. Discussion took place with the registered manager in regard to the difference between supervision and appraisal. The policy only referred to appraisal and a procedure had not been developed. The inspector advised the registered manager to refer to SCIE good practice guidance, Effective supervision in a variety of settings (2013). This is stated for a second time.</p>	<p><b>Partially met</b></p>



<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.6 <b>Stated:</b> First time	The registered person shall ensure that security measures are operated that restrict unauthorised access to the home to protect residents and their valuables, the premises and their contents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new key pad had been fitted to manage access and egress via the front door. Discussion took place with the registered manager in regard to the need to assess the impact in regard to restrictive practice for residents. This will be followed up at the next inspection.	

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

### 6.3 Inspection findings

#### Feedback from residents, staff, a resident's representative and a visiting professional

Residents expressed positive views in regard to the standard of care and support received from staff. Residents praised the quality and variety of food received. Some residents were unable to make suggestions of activities that they would like to do and others commented that they enjoyed activities in the home. One resident commented that they would like staff to organise games. This was shared with the registered manager. It was good to note that a resident's representative had offered their support to facilitate a variety night for residents and their representatives.

Staff reported that they received mandatory training and were able to explain how training in nutrition and activity provision was applied to meet residents' needs. Staff stated that training in activities had given them ideas for the summer and spoke of the activities residents enjoy and participate in. Staff commented that a birthday celebration was planned for this afternoon. Care staff stated that they were registered with the Northern Ireland Social Care Council (NISCC).

A resident's representative spoke positively in regard to the staff, the care, the environment and quality of food.

A visiting professional reported that staff were welcoming and effectively assisted appointments.

One completed questionnaire was returned that indicated that the respondent was very satisfied in all areas examined.

Comments from persons spoken to during the inspection included:

- “A good place to live.” (resident)
- “They’re very good and friendly staff.” (resident)
- “There’s plenty (of activities) going on.” (resident)
- “Oh yes, staff chat with us, we have a laugh.” (resident)
- “Lots of music and singing here.” (resident)
- “Food is great.” (resident)
- Philomena (music and movement facilitator) was here yesterday and Maire (staff member) played bingo on Thursday and they have pamper days. Some (residents) are set in their ways and won’t do anything (activities). They enjoy a chat. They are really well looked after.” (staff)
- “We’ve added more salads, garlic bread and lasagne...they love the roast beef and Yorkshire pudding. We offer custard, semolina, rice pudding and we add calories with sugar, cream and powdered milk.” (staff)
- “We go and sit and talk to residents in their own rooms...The care is very good in Haypark.” (staff)
- “The girls are great, the retention of staff speaks volumes. They are very loyal and very kind and the manager is good, she runs a tight ship. The food I think is of a good quality. It’s clean...I’d recommend it to anybody.” (resident’s representative)

## The environment

A general inspection of the home was undertaken and the residents’ bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The inspector advised that consideration could be given to improving the décor in some communal areas such as the dining room with pictures to add interest. The responsible individual and registered manager confirmed that there was on on-going plans to maintain and improve the environment.

No areas for improvement were identified during the inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20. – (2)  <b>Stated</b> Second time  <b>To be completed by:</b> 30 May 2018	<p>The registered person shall ensure that all staff are appropriately supervised in accordance with standard 24.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The Manager and Assistant Manager shall attend a Supervision and Performance Appraisal session with Staff Training which shall be rolled out into a complete programme of staff supervision in accordance with Standard 24</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 May 2018	<p>The registered person shall ensure that a policy and procedure is developed for the supervision and appraisal of staff.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            We have created a policy and procedure for the supervision and appraisal of staff. The Staff shall have recorded individual formal supervision under the Home's procedure and this shall include regular one to one prearranged meetings to take place every six months throughout the year to discuss individual staff members development, areas for improvement both in their own work and that of the Home, including any recurring issues in supervision, also to discuss any concerns they may have in the Home and to ensure that we are providing both social and emotional support where and when needed. The supervisory sessions shall be planned in advance with dedicated time set aside. A toolkit questionnaire shall be provided to enable the staff member and supervisor to prepare and coordinate the areas for discussion in a relaxed and supportive atmosphere. The Staff shall also have an annual appraisal with the Manager to review their performance against their job description and agree personal development plans.</p>

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



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