



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Haypark ID 1617
Date of Inspection: 11 November 2014
Inspector's Name: Kylie Connor
Inspection ID: 16663

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Haypark
Address:	36 Whitehall Parade Belfast BT7 3GX
Telephone number:	(028) 9064 1784
E mail address:	info@hayparkresidential.com
Registered Organisation/ Registered Provider:	Mr J McWhirter
Registered Manager:	Ms Jennifer McClean
Person in charge of the home at the time of inspection:	Ms Jennifer McClean
Categories of care:	RC-I , RC-MP, RC-MP(E)
Number of registered places:	30
Number of residents accommodated on Day of Inspection:	24
Scale of charges (per week):	£461
Date and type of previous inspection:	29 and 30 May 2014 Primary Announced Care Inspection
Date and time of inspection:	11 November 2014 1:45 pm to 5:15 pm
Name of Inspector:	Kylie Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the requirements and recommendations examined during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff, a visitor and a professional
- Consultation with residents individually and observation of others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Haypark is a Private Residential Home for thirty residents in single room accommodation with a sink in each bedroom. The home is situated within the Belfast Health and Social Care Trust geographical area. Opened in 1990 in a building that was originally a Victorian hospital, the home is set in a fairly densely populated urban area close to the Ormeau Road, local amenities and public transport.

The home has a number of attractive period features and is spacious, with bedroom accommodation on all three floors. Two lounge areas, one of which is designated as a smoking room, a dining room and a staff office are situated on the ground floor. A lift is available for access to the upstairs rooms. A staff office is also situated on the first floor and there are bedrooms and stores located on the first and second floors. There are bathroom/toilet facilities on all floors. The home has created a designated outdoor space with raised planting and adequate seating.

The home is registered to accommodate residents within the following categories of care;

I	Old age not falling into any other category
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years

There is a condition on the homes registration certificate as follows; There shall be one identified resident in category RC-MP/MP (E). A variation application is being progressed to add a number of beds within the category DE – Dementia.

7.0 Summary of inspection

This secondary unannounced care inspection of Haypark was undertaken by Kylie Connor on 11 November 2014 between the hours of 1:45 pm and 5:15 pm. Jennifer McClean was available until 4:00 pm. Further clarification and feedback with the registered manager took place following the inspection.

The focus of this unannounced inspection was to examine progress made regarding the four requirements and sixteen recommendations made as a result of the previous inspection. There was evidence that the home has addressed all requirements and fourteen of the sixteen recommendations. Two have been stated for the second time in areas pertaining to the homes fire safety risk assessment and signatures on care plans.

During the inspection the inspector met with residents, staff, a visitor a professional, the registered manager and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined and further details of can be found in section 9.0 of the main body of the report.

One requirement and three recommendations were made as a result of the secondary unannounced inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, visitor, professional and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 29 and 30 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	24 (3)	The registered person shall ensure that any complaint made under the complaints procedure is fully investigated. The registered manager should confirm that the identified complaint record is improved to evidence the investigation process.	It was identified that records had been obtained. Discussions took place with the registered manager in regard to comprehensively recording the process and outcome of complaint investigations. It was identified that the registered manager is aware of her responsibilities and that lessons learned will be used to inform improvements. The registered manager stated that there have been no complaints received since the last inspection. Any future breach may result in the Authority initiating enforcement action.	Compliant
2	16 (1) (2) (a) (b) (c) (d)	Care plans for all residents should be fully completed, up to date and reflect the areas specified in standard 6.2. Identification of risks and completion of risk assessments should be improved. The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met. The registered person shall ensure that: - the resident's care plan is available to the resident; the resident's care plan is kept under review; where appropriate and, unless it is	Four care records, chosen at random, identified that improvements have been made. Advice was provided to ensure that continual improvements are made and that providing specific details within records remains a focus. This is addressed.	Compliant

		impracticable to carry out such consultation, after consultation with the resident or a representative of his, revise the resident's care plan; and notify the resident of any such revision.		
3	3 (1) (2) (Schedule 1)	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of – a statement of the aims and objectives of the home; a statement as to the facilities and services which are to be provided by the registered person for residents; and a statement as to the matters listed in Schedule 1.</p> <p>The homes statement of purpose should be reviewed in line with guidance in the report and re-submitted to the Authority.</p>	Review identified that improvements have been made. Guidance was provided to enhance information detailed. The registered manager confirmed that this would be actioned. This is addressed.	Compliant
4	30 (1) (2)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of - (a) the death of any resident, including the circumstances of his death; (b) the outbreak in the home of any infectious disease which in the opinion of any medical practitioner	A review of the accident/incident records, the doctor's book from September 2014 to the date of the inspection and clarification with the registered manager identified that this is addressed.	Compliant

		<p>attending persons in the home is sufficiently serious to be so notified;</p> <p>(c) any serious injury to a resident in the home; (d) any event in the home which adversely affects the care, health, welfare or safety of any resident; (e) any theft or burglary in the home; (f) any accident in the home; (g) any allegation of misconduct by the registered person or any person who works at the home. Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 working days of the oral report. The registered manager should review all accident/incident records including the doctors' book and hospital book and retrospectively refer all necessary accidents to RQIA occurring between 1 January 2014 to the date of the inspection.</p>		
--	--	---	--	--

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	21.4 21.5	<p>The registered manager should ensure that policies and procedures are dated when issued, reviewed or revised. The registered person ratified any revision and signs/dates each policy and procedure.</p> <p>A record should be maintained that all staff should sign when they have read and understood each new policy and procedure and again when it is reviewed or revised if any changes are made.</p>	A review of the policy and procedure file and discussions with the registered manager identified that policies and procedures had been updated. It was observed that staff signatures were being obtained once they had read all the updated policies. This is addressed.	Compliant
2	15.4	The registered manager should ensure that the identified residents' agreements are reviewed to ensure full compliance with standard 4 of the residential care homes minimum standards (2011).	Review identified that these had been improved. This area will be examined during a planned finance inspection. This is addressed.	Compliant
3	19.1	The registered manager should ensure that the recruitment and selection policy and procedure is reviewed to ensure compliance with relevant legislation. The registered manager should obtain guidance from the labour relations agency and consider the need to attend training provided by them.	The registered manager confirmed that the policy had been reviewed and that she is to attend recruitment training on 17 December 2014, facilitated by the Labour Relations Agency. The registered manager confirmed that their guidance document will be used in parallel with the homes policy and procedure. This is addressed.	Compliant

4	19.3	The registered manager should provide an update on the review of the recruitment and selection policy and procedure which should detail the storage arrangements for the Access NI check.	The registered manager confirmed arrangements in place which reflect Access NI requirements. This is addressed.	Compliant
5	20.10	The registered manager should develop and implement the regular use of an accident and incident audit template. A copy should be forwarded to the authority.	Review of a completed audit identified that this is addressed. A recommendation has been made in regard to the monthly registered provider reports.	Compliant
6	10.1 10.2	Review and improve the responding to behave that challenge policy and procedure (May 2010) to ensure it reflects DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). Ensure it reflects that the Authority is notified on every occasion restraint is used. Include or develop a procedure of responding to uncharacteristic behaviours.	Review identified that the policy had been reviewed on 8/8/14. The home has copies of the DHSSPS guidance document. This is addressed.	Compliant
7	23	Review the staff training matrix to include the registered manager and deputy manager both of whom should be completing all mandatory training and other identified training necessary to fulfil their roles and responsibilities of the job.	Discussions with the registered manager, deputy manager and a review of a number of training records identified that this is addressed.	Compliant

8	10.3	When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	Discussions with the registered manager and a review of care plans identified that this is addressed.	Compliant
9	6.3	The resident or their representative, where appropriate, sign the care plan along with the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	A review of care plans identified that this is not addressed. The registered manager and deputy manager stated that they would develop a front sheet to all signatures required. This is not addressed.	Moving towards compliance
10	10.5	Confirm what action has been taken to ensure that future training in responding to residents' behaviour or a separate training session is scheduled to include the area of identifying types of restrictive practices in residential care and the management of these within a human rights approach.	A review of training records for May and June 2014 identified that this is addressed.	Compliant

11	10.6	Confirm what improvements will be made to ensure that where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the care plan.	Discussions with the registered manager and a visiting professional identified that this is addressed.	Compliant
12	13.1	Complete a comprehensive social history with all residents with involvement from their relatives where appropriate. This should be kept under review and updated when additional information is learned.	A review of four care records identified that this is addressed.	Compliant
13	13.2	The registered manager should ensure that a designated staff member is identified on each shift to facilitate the scheduled activity and complete records.	Discussions with the registered manager and a review of activity records confirmed that this is addressed.	Compliant
14	13.5	The registered manager should review and improve activity equipment available and opportunities for residents to go out locally in small groups.	The registered manager stated that previously unused activity equipment has been brought back into use and a number of resources have been purchased. Discussions with staff confirmed that activities have improved. Residents and a relative spoke positively about activities.	Compliant

15	13.7 13.8	Improve the record of all activities facilitated by persons contracted in, including the name of the person leading the activity, staff observing, residents participating/observing, and feedback from the facilitator, residents and staff.	A review of activity records confirmed that this is addressed.	Compliant
16	29	<p>Confirm the date of the most recent fire safety assessment and that action has been taken to address any recommendations.</p> <p>Confirm that all staff have received two fire safety training and one fire evacuation in the last twelve months. Confirm that all weekly and monthly fire safety checks are up to date including the annual PAT test.</p>	<p>The most recent assessment undertaken in June 2014 did not detail what action had been taken to address all of the recommendations made. A number of recommendations were ticked but there were no signatures or date. A requirement has been made. This is partly addressed.</p> <p>Staff training and fire safety check records reviewed identified that this is addressed.</p>	Substantially compliant

9.0 ADDITIONAL AREAS EXAMINED

9.1 Resident's consultation

The inspector met with seven residents individually and observed others. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "It's fine. I'd rather have my home, but if I had my pick, it would be here."
- "It's all right so far."
- "They look after me alright."
- "The food is good, you get a variety."
- "The dining room painted white brightens up the place."
- "Bingo passes the time."
- "They couldn't be better."
- "I like the company and the food. Staff are very kind. I'm very happy here, I was going crazy on my own."

9.2 Relatives/representative consultation

One relative was spoken to who expressed positive comments in regard to the care and support their relative receives. No concerns or complaints were raised.

Comments received included:

- "The residents are quite lively, able to chat and (my relative) enjoys the events and activities."

9.3 Staff consultation

The inspector spoke with three staff members. Discussion with staff identified that they felt well supported in their respective roles and were satisfied that residents receive a high standard of care and support. No issues of concern or complaints were raised.

Comments received included:

- "Our residents need a lot of encouragement (to participate in activities)."

9.4 Visiting professionals' consultation

One professional was spoken to during the inspection who expressed positive views in regard to staff attitude, skill and timely communication with and from the home. Positive comments were made in regard to the improvements made to the décor within the home.

9.5 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard. A swing type lid of a bin in a toilet was broken. A number of open packets of pads were observed in a toilet and a number had fallen off a trolley on which they were sitting and were lying on the floor. A recommendation has been made.

The inspector was informed that the smoking room had recently been re-painted. It was observed that a designated outdoor space with seating has been created for residents and that further improvements to the space is planned. This is commended.

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jennifer McClean as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

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

Quality Improvement Plan

Primary Announced Care Inspection

Haypark

11 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Jennifer McClean, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27(4) (Section 8 of the report refers)	<p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;</p> <ul style="list-style-type: none"> send a copy of the fire risk assessment with details of action taken with dates and signatures of the action taken to address the recommendations. 	Two	<p>Action taken. The home has a current written risk assessment and fire management plan which has been revised and all necessary actions taken. A copy of the fire risk assessment has been sent to MR Gavin Doherty. The recent fire risk assessment has been addressed and actions taken of all recommendations which have been signed and dated.</p>	By return of QIP

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	6.3 (Section 8 of the report refers)	The resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Two	Action taken the staff have reviewed all residents care plan. The member of staff responsible for drawing up the care plan with the resident or their representative has signed and dated the care plan. If the resident does want to sign or cannot sign their care plan this is recorded in their care plan. The manager has signed and dated the care plan. A template has now been put in place and added to the resident's care plan Any changes to the care plan will be discussed with the resident and their care manager recorded and signed in the care plan.	1 February 2014
2	20.11 (Section 8 of the report refers)	<p>The registered person monitors the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis.</p> <ul style="list-style-type: none"> • The revised template, available on RQIA website should be introduced • The report should include a review of audits completed, including accidents and incidents and an examination of the doctors' 	One	The registered person monitors the quality of service in accordance with the home's written procedures and completes a monitoring report on a monthly basis. The registered person has obtained the current template on the RQIA website which has been introduced when completing our monthly reports. The report includes all accidents and incidents and examination of the doctors and hospital record books.	1 January 2015

		book and hospital book.			
3	35 (Section 9 of the report refers)	The responsible person should ensure that all bins are pedal or sensor operated and that adequate covered storage is provided in all toilets/bathrooms for pads and so on.	One	Action taken new pedal bins have been ordered and all pads are now kept in the residents wardrobes,,all PPE kept in the small cupboard above the wash hand basin.The small trolleys in the bathrooms have been removed	By return of QIP

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs J McClean
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr J McWhirter

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Kylie Connor	29/1/15
Further information requested from provider			