

# Inspection Report

12 January 2023



## Haypark

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

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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>Responsible Individual</b> Mr J McWhirter	<b>Registered Manager:</b> Mrs Jennifer McClean  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Madge Murphy - Senior Care Assistant	<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. Residents have access to communal lounges, a dining room and outside space.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 January 2023, from 9.30 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 inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Enforcement action did result from the findings of this inspection in the form of a serious concerns meeting. The evidence seen during the inspection in relation to: governance arrangements and managerial oversight; environmental and Infection Prevention and Control (IPC) deficits; recruitment practices; competency and capability assessments of senior staff

and fire safety raised concerns that these aspects of the quality of care were below the standard expected. Additionally, some of these areas for improvement had been identified in previous inspections, which raised concerns regarding the management's ability to drive and sustain these improvements.

The Responsible Individual and manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 24 January 2023 to discuss the inspection findings and their plans to address the issues identified. During the meeting, the management team, provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in Haypark. RQIA were assured that the management team acknowledged the need for more robust oversight of the governance systems within the home to drive the improvements identified and to fulfil their responsibilities, enhancing practice and the residents' experience.

This inspection identified 10 new areas for improvement; these are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0.

A further inspection will be undertaken to ascertain the progress made in addressing the areas for improvement identified and the arrangements in place to monitor and ensure the improvements are sustained.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Mr McWhiter, Responsible Individual at the conclusion of the inspection.

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

Residents said that they were well cared for, enjoyed the food and that staff were helpful and friendly. Residents spoken with on an individual basis said; "It's great here", "I am happy here" and "the staff are very good". The relatives commented positively about the care delivery and the level of communication from staff.

There were seven questionnaires returned from residents. The respondents were very satisfied with the overall provision of care in Haypark. Comments included; "Excellent care" and "wonderful."

There was no feedback received from the staff online survey within the allocated timeframe.

#### 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 6 and 7 September 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records for two newly admitted residents did not provide evidence that their care records had been implemented in a timely way or contain sufficient detail of their current care needs.	
	This area for improvement has not been met and is stated for a third time.	

<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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of two residents care records who require a modified diet evidenced a specific care plan was in place detailing SALT recommendations.	
<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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the dining room evidenced this information was still displayed on the wall; however, the information did not evidence residents' full names. Staff were requested to move this information to the inside of a dresser within the dining room where it is still accessible to staff but retaining resident confidentiality. This area for improvement is therefore met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of two recruitment files did not evidence all the documentation required or that all the required pre-employment checks had been sought prior to the staff member commencing post. Furthermore, there was no evidence that the two staff had completed an induction programme appropriate to their role within the home. These deficits were discussed at the serious concerns meeting on 24 January 2023; the management team advised RQIA that going forward they will be auditing all recruitment files to ensure the files contain all the required documentation. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not identify the person in charge when the manager was not on duty. An area for improvement was identified. In addition, there was no evidence of completed competency and capability assessments for senior staff who are left in charge of the home when the manager is not on duty. An area for improvement was identified.

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.

### 5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was observed to be calm and relaxed. Residents were well presented and willing to engage in conversation. The residents spoken with were all very positive about the care they received in Haypark.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. 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 also recorded.

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' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the residents' needs. Review of two identified resident's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. As discussed in section 5.1, an area for improvement regarding care documentation was not met and is now stated for a third time.

The dining experience was an opportunity of residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed 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. Residents could choose to have their meals in the dining room or their own bedroom. Residents said the quality of the food was good.

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

The home was observed to be warm, well-lit and free from malodours. Residents' bedrooms were noted to be clean and suitably furnished.

It was of concern that a number of corridors were obstructed with pieces of furniture and or equipment. This was brought to the immediate attention of staff who removed the identified items. In addition, further fire safety issues were identified; a resident's bedroom door was observed propped open with a piece of furniture; a number of resident personal emergency evacuation plans (PEEPs) were out of date; fire drill records did not identify the staff who had attended the drill and there was no yearly overview to ensure all staff had attended the required drills. These deficits were discussed at the serious concerns meeting where the management team confirmed these issues had been fully addressed and the home's management team agreed on the importance of ongoing robust monitoring of these areas by the manager on her daily walk round the home. Three areas for improvement were identified.

The smoke room was observed heavily stained with nicotine despite having recently been painted. At the serious concerns meeting, Mr McWhirter further advised of plans to repaint the room again as soon as possible.



Communal bathrooms were observed cluttered with items such as toiletries, prescribed creams for a number of residents, commodes, vacuum cleaners, filing cabinets, walking aids and broken shower doors.

In addition, a number of IPC deficits were also identified: staff were observed not bare below the elbow and using vinyl gloves for delivering personal care to residents; the underside of hand sanitiser pumps were observed congealed and the toilet brushes in use were not of the type that could be air dried.

The environmental and IPC shortfalls were discussed at the serious concerns meeting; the management team presented an action plan to address all the shortfalls. The home's management team agreed on the need to ensure robust managerial governance and oversight, including audits of IPC and the environment, to ensure full compliance. An area for improvement was identified.

Discussion with staff and the observation of a visiting poster on the front door of the home raised concern that the home was not in compliance with the current visiting guidance. This was discussed with the staff and addressed during the inspection. The home also submitted an updated visiting policy, in line with current guidance.

Further discussion with staff and review of the environment identified that staff do not have the availability of a dedicated rest area so that they can take their breaks. It was established a previous staff room had been repurposed as an office. RQIA were not advised of the change in the purpose of this room. This was discussed with Mr McWhirter, who provided assurance at the serious concerns meeting that staff can avail of the use of this room at any time. This will be reviewed at the next care inspection.

#### **5.2.4 Quality of Life for Residents**

Observation of life in the home and discussion with staff and residents established that staff engaged well with the residents individually or in groups. Residents were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, listening to music, sitting in the lounge resting or chatting to staff. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere throughout the home was warm, welcoming and friendly. Staff members were seen to speak to residents in a polite and caring manner.

There was evidence that staff delivered activities for the residents and a record of this was available for review.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Jennifer McClean has been the manager in Haypark since April 2005.

There was no evidence provided on or after the inspection that a system of auditing was in place to monitor the quality of care and other services provided to residents.

The absence of governance arrangements, including records of regular audits was discussed at the serious concerns meeting, particularly in light of the deficits identified on inspection as outlined in this report. Both the Responsible Individual and manager provided assurance that they have a framework in place for monitoring the quality of services within the home. It was agreed that evidence of this would be forwarded to the inspector after the serious concerns meeting; Mrs McClean did forward dates of audit activity within Haypark for a number of audits. However; there was insufficient information to fully assess whether these audits were robust. This will be reviewed at the next care inspection. An area for improvement was identified.

There was no evidence that staff, resident or relative meetings had taken place. The manager provided dates of planned staff meetings. The minutes of these meetings will be reviewed at the next care inspection.

Review of the records of accidents and incidents which had occurred in the home evidenced that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits are available for review by residents, their representatives, the Trust and RQIA.

## 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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6	4*

\*the total number of areas for improvement includes one standard that has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr McWhirter, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation, prior to commencing employment in the home; and that this is fully evidenced in staff recruitment records.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• there are two written references, one of which should be from the employees present or most recent employer prior to commencing employment</li> <li>• files have a clear documented start date of the staff member</li> <li>• evidence is available that the person is physically and mentally fit for the purposes of their duties.</li> </ul> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>  The recruitment programme is in place and contains details of previous employment including two written references from the present or most recent employer prior to commencing our employment.  The start date is stated on the file  A statement that the employee is mentally and physically fit for the purposes of their duties is also included</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2023	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the manager and available for inspection in staff recruitment records.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>  A full robust induction programme is in place and is completed on the employee's first day signed off by the manager and held on the staff file</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2023</p>	<p>The registered person shall ensure that any staff member given responsibility of being in charge of the home in the absence of the manager has an up to date competency and capability assessment in place.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Competency and capability assessments for staff given responsibility in the absence of the Manager are up to date and available</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (iii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure corridors are kept free from obstruction at all times.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All corridors have been cleared and are checked daily to ensure that they are kept clear of obstruction at all times</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (iii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure resident personal emergency evacuation plans (PEEPs) are kept up to date.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All 28 current residents have their personal emergency evacuation plans in place and updated. All new residents will have their PEEP completed on the day of admission</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2023</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion and/or oversight of governance quality assurance audits by the manager.</p> <p>Ref: 5.2.3</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>There is in place a robust governance programme and management system for monitoring and oversight of the day to day service by the Manager.</p> <p>We also have an audit monthly check list relating to Medication Management, Careplans, IPC, PPE, Hand Hygiene, Environment, Mealtime Experience and Incident Reporting</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 31 January 2023</p>	<p>The registered 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>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>There has been a full review of all the Residents care plans to ensure that they are up to date and in sufficient detail to reflect each resident's current needs.</p> <p>Any change is recorded in the care plan as required.</p> <p>A timetable spreadsheet has been set up to ensure updates are completed in a timely manner</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the duty rota identifies the person in charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The duty rota has been amended to identify the Senior in Charge of the Home in the absence of the Manager</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that all staff who participate in a fire evacuation drill have their names recorded as attended on the fire drill documentation and the manager retains oversight to ensure staff meet mandatory training requirements.</p> <p>Ref: 5.2.3</p>

31 January 2023	<b>Response by registered person detailing the actions taken:</b> All attendees at the fire evacuation drill have their names recorded on the Fire Drill Documentation and have signed to confirm attendance. Staff Training will commence the mandatory fire training for 2023 this week. All records will be kept for inspection
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<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2023</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are addressed:</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• Staff are bare below the elbow</li> <li>• vinyl gloves are not used for direct resident care</li> <li>• the underside of hand sanitiser dispensers are kept clean</li> <li>• toilet brushes are replaced to those that can be air dried.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have been reminded of the IPC rules regarding *Bare below the elbow *blue gloves for direct resident care *underside of hand sanitiser dispensers to be kept clean *toilet brushes replaced with air dried The hand sanitisers and toilet brush checking have been specifically added to the daily cleaning regimes Blue gloves are on a monthly order list to ensure stock levels are kept up to date</p>
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The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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