

Inspection Report

13 May 2021



Haypark

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Haypark Homes Limited Responsible Person: Mr J McWhiter	Registered Manager: Ms Jennifer McClean Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Jennifer McClean	Number of registered places: 30 There shall be one identified resident in category RC-MP/MP (E). RC-DE for a maximum of five residents only.
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 30 persons. Residents' bedrooms are located over two floor and residents have access to ground floor communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2021, from 9.00 am to 5.45 pm by the 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.

Areas for improvement were identified in relation to infection prevention and control (IPC), storage of medication, care records, staff training, governance arrangements and communication with staff.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff, are included in the main body of this report.

RQIA met with the responsible person and the manager to provide more detailed feedback on 18 May 2021. RQIA were assured, that the delivery of care and services provided in Haypark were safe, effective, compassionate and that compliance with the areas for improvement made would ensure that the home's management and governance arrangements improved.

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 residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. 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.

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.

At the end of the inspection the registered manager and responsible person were provided with details of the findings.

4.0 What people told us about the service

Seven residents and two staff spoken with told us they had no concerns about care in the home. Residents said that they liked it in the home and the care was very good.

Staff told us that they enjoyed working in the home and many had worked there for five years or more. Staff also said the manager was available if they needed her and they were happy working in the home.

No completed questionnaires were received

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 21 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement Ref: Regulation 14(2)(a) (c) Stated: Second time	<p>The registered person shall ensure substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals.</p> <p>Action taken as confirmed during the inspection: It was observed and confirmed that substances hazardous to health, including laundry chemicals and cleaning chemicals, were appropriately stored in locked cupboards.</p>	Met
Area for improvement 2 Ref: Regulation 20(1)(c) (l) Stated: First time	<p>The registered person shall ensure staff are in receipt of up-to date training in;</p> <ul style="list-style-type: none"> Control of Substances Hazardous to Health (COSHH) Food Handling / Safety <p>Action taken as confirmed during the inspection: The record of training for Control of Substances Hazardous to Health (COSHH) and Food Handling / Safety was reviewed and evidenced that training was up to date for staff.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	<p>The registered person shall review and put in place more person centre 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>	Partially met

	<p>This area for improvement has been partially met and has therefore been stated for a second time:</p> <p>Review of records confirmed that risk assessments for smoking had been updated but the residents' care plans had not been reviewed and lacked personal details. This was discussed with the manager for review and updating.</p>	
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5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment; however a robust system to ensure staff were recruited correctly to protect residents, as far as possible, was not in place. The responsible person told us that following the inspection he had completed a review of recruitment practices and had implemented a monitoring system to ensure the safe recruitment of safe was in place. An area for improvement was identified.

Staff had received training in a range of topics however they had not received training on the Deprivation of Liberty Safeguards (DoLS). The manager told us she was not aware of this training. The responsible person confirmed that following the inspection this training had been arranged for staff. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their roles and how the management team kept them informed about changes within the home.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. For example, we observed the serving of the lunch time meal and saw there was enough staff on duty to support residents with their meal.

Residents said staff were good to them and they had no staffing concerns. Residents also said staff would come promptly if they used their buzzer. It was noted that staff knew residents well and knew how best to help them.

Residents told us they were looked after well. Staff told us they had no concerns about the number of staff on duty, or their ability to respond to residents needs without delay.

We were assured that the staffing arrangements met the care and social needs of the residents. Management ensured that the staff on duty met the residents' needs in a safe, effective and compassionate manner. However, two areas for improvement were identified in relation to the monitoring of recruitment practices and the planning of staff training.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on a three yearly basis. Staff told us they were confident about how to report concerns about residents' safety and poor practice.

Residents said they knew how to report concerns but had no complaints about the home or their care. Residents told us they could speak with the manager if they were worried about anything.

There were no complaints recorded however, one resident told us about a complaint he had raised. Details were discussed with the manager who agreed to update the complaints record with the details.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. Review of resident records and discussion with the manager showed a lack of understanding of what restrictive practice was and how to manage it safely. For example, there was no up to date care plan in the care records for residents who required the use of bed rails, or use of movement alarm mats. Details were discussed with the manager and an area for improvement was identified.

This service did ensure that residents were safe on a daily basis however, the area for improvement made regarding staff knowledge of restrictive practices will enhance this further.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained and a review of fire safety records confirmed that all the required safety checks and measures were in place and regularly monitored.

Residents' bedrooms were individualised with items important to the residents and the décor was well maintained. Communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Residents could choose where to sit or where to take their meals. Staff were observed supporting residents to make these choices.

We saw that generally residents' medicines were safely managed and administered, although it was noted that a prescribed fluid thickening agent was stored in an unlocked cupboard in the dining room and prescribed creams were left in communal bathrooms. These observations were discussed with the manager who immediately removed the items and locked them away. An area for improvement was identified.

It was established that meals and mealtimes were well supported and managed. There was evidence that drinks and snacks were served throughout the day, however, there was no choice of the snacks available. This was discussed with the manager who agreed to look at the choice of snacks available for residents.

Pictures of residents taking part in activities were displayed in the dining room of the home. They showed residents smiling and happy while enjoying each other's company. Activities such as baking, arts and crafts and movies were available as part of the regular activities schedule displayed at the entrance to the lounge.

Staff were observed to be prompt in recognising residents' needs especially in those residents who had difficulty in making their wishes known. Staff communicated with residents respectfully and were sensitive to their needs. Staff took time to read to residents and explain what the information meant.

It was evident that the home's environment was comfortable and that it was safe. Residents and staff said they felt safe and protected.

5.2.4 How does this service manage the risk of infection?

It was good to note that visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance and the home participated in the regional testing arrangements for residents, staff and care partners.

It was observed that not all staff adhered to the correct hand hygiene practices and there was a lack of social distancing being maintained in the dining room and lounge. These and other IPC matters were discussed with the manager in detail. It was concerning to note that hand hygiene audits had ceased and that the manager was not aware of the current guidelines on isolation periods for residents admitted or readmitted to the home. The responsible person told us that following the inspection he had completed a review of IPC practices in the home and had ensured all measures and practices were now being monitored regularly. An area for improvement was identified.

The management of infection risk was evidenced to be poorly managed. Compliance with the areas for improvement identified should ensure the risk is properly managed on a daily basis.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time?

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

It was observed that staff respected resident 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 were less able to mobilise require special attention to their skin care. These residents were assisted by staff to change their position regularly. Residents who required this care had this clearly recorded in their care records. There was evidence that their skin care needs were being managed by the community nursing services who would also supply specialist equipment as required.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. There was a system in place to ensure accidents and incidents were notified to residents' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents were given the correct support and encouragement with meals when this was required.

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 described the lunch as lovely and very tasty.

Staff told us how they were made aware of residents' nutritional needs and it was confirmed that residents care records were in place for modified food and fluids when this was prescribed.

Arrangements were in place to ensure that residents received the right care at the right time.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Review of residents' care records showed that they did not always accurately reflect the care needs of the residents. For example, old care plans had not been removed from files and resident's weight was not recorded as directed by the care plan. Details were provided to the manager. The registered person confirmed, after the inspection, that training had been completed by care staff on care planning and a second date was planned. An area for improvement was identified.

Residents care records were held confidentially in the home. 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.

A care plan was in place for skin care and monitoring of any deterioration which was then reported to the district nurse for advice and treatment. A body map was recorded to show any areas of concern to allow staff to monitor and update other professionals as required.

The updating and regular review of care records will ensure that care records reflect the changing needs of the residents.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed they were able to choose how they spent their day. For example, residents could have a lie in or watch TV in their rooms as they wished.

Discussion with the manager identified that there were no residents meetings taking place to provide an opportunity for residents to give their opinion about life in the home. The manager said she would ensure meetings were put in place.

There was a range of activities provided for residents including armchair exercises, singing, movies and arts and crafts. Residents were seen enjoying painting in the lounge.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents and assisting to provide meaning and purpose to their daily life.

We were assured that the implementation of residents' meetings would assist in the inclusion of residents' choice on how they would spend their day and in expressing what they felt was important to them.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who was in charge of the home, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There has been no change in the management of the home since the last inspection. Ms Jennifer McClean has been the manager in this home since 1 April 2005.

During discussion with the manager it was noted, as previously said, that a robust system of auditing, was not in place for IPC measures and practices, the content and quality of care records, wounds, falls and restrictive practices and areas for improvement were identified.

Assurances as to how the identified areas for improvement were to be addressed was provided by the registered person and manager at the meeting held on 18 May 2021.

Staff commented positively about the management team and described them as supportive and approachable.

Confirmation of regular visits by the registered person was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded. These reports were available on request.

RQIA met with the responsible person and the manager to provide more detailed feedback on 18 May 2021. RQIA were assured, that the delivery of care and service provided in Haypark was safe, effective, compassionate and that compliance with the areas for improvement made would ensure that the home was well led.

6.0 Conclusion

Residents told us they were looked after well. Review of processes in place and staff understanding found that further knowledge was required in specific practice areas as detailed within the Quality Improvement Plan (QIP). Residents and staff said they felt protected and that the home was safe. Residents told us they enjoyed the meals provided in the home.

Based on the inspection findings eight areas for improvement were identified including one standard stated for a second time. Details can be found in the QIP.

A meeting held with the manager and registered person provided further assurance that the areas which required improvement would be met. This will be followed up at the next inspection.

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/or the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	3	5*

*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 Jennifer McClean, registered manager, and Jim McWhirter, registered person, 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	
Area for improvement 1 Ref: Regulation 10.1 Stated: First time To be completed by: Immediately from the date of inspection	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. Ref: 5.2.1, 5.2.2 and 5.2.4
	Response by registered person detailing the actions taken: The manager has updated her 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
Area for improvement 2 Ref: Regulation 21 Stated: First time To be completed by: Immediately from the date of inspection	The Registered Person shall ensure staff are recruited and employed safely in accordance with the relevant statutory requirements. Ref: 5.2.1 Response by registered person detailing the actions taken: All new staff have been recruited and employed safely in accordance with the relevant statutory requirements
Area for improvement 3 Ref: Regulation 13.7 Stated: First time To be completed by: Immediately from the date of inspection	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. Ref: 5.2.4 Response by registered person detailing the actions taken: Audits are in place across all aspects of IPC measures and staff practice and are regularly checked by the manager
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by: 21 March 2021	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. Ref: 5.1 Response by registered person detailing the actions taken: All care plans have been updated on a more person centred basis including risk assessments for residents who smoke

<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</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>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Manager and Assistant Manager have received level 2 and level 3 training. The care staff have received level 2 training</p>
<p>Area for improvement 3</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All medicines are safely and securely stored and fluid thickening powder locked away. Prescribed creams have been removed from the communal bathroom areas</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2021</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>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: All care records have been updated with sufficient details to reflect the residents care needs</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Responsible Person shall ensure working practices in the home are regularly audited and that records are maintained for inspection.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: All working practices are regularly audited and records maintained for inspection</p>

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