

Unannounced Care Inspection Report 21 February 2021



Haypark

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

www.rqia.org.uk

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 30 residents.

3.0 Service details

Organisation/Registered Provider: Haypark Homes Ltd Responsible Individual: J McWhirter	Registered Manager and date registered: Jennifer McClean 1 April 2005
Person in charge at the time of inspection: Marie O'Neill – senior care assistant	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 home on the day of this inspection: 26

4.0 Inspection summary

An unannounced inspection took place on 21 February 2021 from 10.00 to 14.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care Records
- fire safety
- governance and management.

Feedback from residents during this inspection was positive and complimentary about their experiences of life in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marie O'Neill, senior care assistant, as part of the inspection process. The manager, Jennifer McClean was also contacted via telephone on 22 February 2021 in respect of the areas of improvement. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 17 residents and seven staff. Questionnaires and "Tell Us cards" were also left in the home to obtain feedback from residents and residents' representatives.

The following records were examined during the inspection:

- duty rotas
- competency and capability assessments
- record of staff induction
- professional registrations records
- IPC records and guidance
- three residents' care records
- fire safety records
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- staff training records
- incident and accident records
- quality assurance records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 2 January 2020.

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
Area for improvement 1 Ref: Regulation 13.-(7) Stated: First time	The registered person shall ensure that equipment is removed from bedrooms after use, toiletries, personal protective equipment, creams and gloves are removed from bathrooms and a raised toilet seat is cleaned. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Observations of the environment confirmed this to be in place.	
Area for improvement 2 Ref: Regulation 14.-(2)(a)(c) Stated: First time	The registered person shall ensure substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals. Ref: 6.3	Not met
	Action taken as confirmed during the inspection: A cupboard containing cleaning chemicals was found to be unlocked. This was brought to the immediate attention of the senior in charge.	
Area for improvement 3 Ref: Regulation 19.-(3)(b) Stated: First time	The registered person shall ensure a record of notifiable incidents and accidents in the home is made available to RQIA on the day of inspection Ref: 6.6	Met

	<p>Action taken as confirmed during the inspection: The record of notifiable incidents and accidents was readily available for inspection.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 6.2 Stated: First time</p>	<p>The registered person shall ensure that relevant care plans and risk assessments are in place for all residents. This is particularly in relation to the short term medications such as antibiotics and steroids.</p> <p>Ref:6.4</p> <p>Action taken as confirmed during the inspection: An inspection of a sample of residents' care records confirmed these actions to be in place.</p>	Met
<p>Area for improvement 2 Ref: Standard 20.10 Stated: First time</p>	<p>The registered person shall ensure working practices are systemically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary.</p> <p>Ref: 6.6</p> <p>Action taken as confirmed during the inspection: A sample of quality assurance audits were inspected and found to be maintained well.</p>	Met

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected details of all staff working in the home. The senior care assistant in charge of the home in her absence of the manager reported that she has been assessed as competent and capable of doing so. A sample of two of these assessments found this to be appropriately in place. A sample of a record of staff induction found these records to be appropriately in place.

The recruitment records of one staff member were inspected. These records were maintained in a methodical manner and in accordance with legislation.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager audits these registrations on a monthly basis.

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, training and managerial support. One staff member made comment with the following statement "The care is very good and I would have no difficulty in a loved one being a resident here."

6.2.2 Safeguarding

Staff declared their knowledge and understanding of the safeguarding policy and whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

6.2.3 The home's environment

All areas of the home were clean and tidy with a good standard of décor and furnishings maintained. Communal areas were nicely decorated, comfortable and suitably maintained. Residents' bedrooms were tastefully furnished, decorated and personalised. Bathrooms and toilets were clean and hygienic.

A cupboard containing cleaning chemicals was found to be unlocked. This was brought to the attention of staff and the senior in charge and was dealt with immediately. This area of improvement has been stated for a second time and was also brought to the manager's attention following this inspection.

6.2.4 Infection Prevention and Control (IPC)

There were good protocols in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand washing sanitising gel at the entrance of the home and throughout accessible areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

Social distancing with residents was in place as per their wishes and choice.

6.2.5 Care delivery

Residents were comfortable and content in their environment and interactions with staff. Staff interactions with residents were polite, warm, friendly and supportive. Frailer residents were seen also to be regularly attended to.

Staff sought consent with residents with personal care tasks in statements such as “Would you like to...” or “How about ...”

In accordance with their capabilities, residents stated that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “No problems here at all. Everything is good.”
- “Everything is fine here. The staff are all very attentive to me.”
- “The staff are all very good, every one of them. I have all my comforts.”
- “All okay. No problems.”
- “This home is a very good home. We are well attended to.”
- “I like it here very much. It couldn’t be better.”
- “I feel very safe here. The staff are all good and so too is the food.”
- “It couldn’t be better. They are all lovely to me.”

Care duties and tasks were organised and carried out in an unhurried person centred manner.

The Sunday lunch time meal was nicely presented and looked appetising with good availability of choice.

6.2.6 Care records

A sample of three residents’ care records were inspected on this occasion. These records were maintained in detail. The records gave a holistic assessment of the resident from which the care plan and interventions were based on. These details were clear and had evidence of the resident and / or their representative being involved in this process, including input from aligned healthcare professionals.

In respect of care assessments and care plans for residents who smoked, these lacked detail and lacked evidence of consultation with the aligned named worker(s) in terms of risk. Advice was given in respect of this. An area of improvement was made for these care plans and associated risk assessments to be developed in more person centre detail in consultation with the resident and or their representative and the aligned named worker.

Progress records were well written with detail, including care / treatment given in response to issues of assessed need and effects of same.

6.2.7 Fire safety

The home’s most recent fire safety risk assessment was dated 15 January 2021. Corresponding evidence was recorded to confirm that the recommendations from this assessment had been addressed.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

6.2.8 Governance and management

The home has a defined management structure.

The last month's Regulation 29 report, as dated 15 January 2021, was inspected. This report was well written with evidence of good managerial oversight of the home.

Discussions with the senior care assistant in charge and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis, other than training in Control of Substances Hazardous to Health (COSHH) and Food hygiene. This has been identified as an area of improvement to put in place. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 29 August 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

Quality assurance audits were available in relation to the professional registrations of staff, IPC, care records and residents' satisfaction surveys.

Areas of good practice

Areas of good practice were found in relation to the nice atmosphere in the home, staff interactions with residents and feedback from residents and staff and the upkeep and décor of the environment.

Areas for improvement

Three areas for improvement were identified during the inspection. These were in relation to COSHH, smoking care plans and risk assessments and staff training.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

Residents were seen to be well cared for and tasks and duties were carried out in an organised and unhurried manner. There was a relaxed atmosphere in the home and residents' requests for assistance and comfort were consistently met by staff.

The manager acknowledged the identified areas of improvement following this inspection and stated that these would be used as means of learning and improving practice.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie O'Neill, senior care assistant, 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement Ref: Regulation 14(2)(a) (c) Stated: Second time To be completed by: 21 February 2021	<p>The registered person shall ensure substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals.</p> <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: Hazardous substances including laundry chemicals and cleaning chemicals are stored in a locked cupboard. Warning signs have been placed on the cupboard doors</p>
Area for improvement 2 Ref: Regulation 20(1)(c) (l) Stated: First time To be completed by: 21 March 2021	<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>Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: COSHH training updates took place on 1st and 5th March for all staff. Kitchen domestic staff received Food Hygiene training updates on 2nd March 3rd March and 18th March and Allergen training update on 11th March</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 21 March 2021	<p>The registered person 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> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Residents who smoke have had their careplans updated on a more person centred manner. Risk assessments have been completed in discussion with the Resident by the Senior Carer and changes recorded on the careplan</p>

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



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