



The Regulation and
Quality Improvement
Authority

Haypark
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**Unannounced Care Inspection
of
Haypark**

24 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 24 June 2015 from 14.35 to 18.15. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and GAIN guidelines for the oral healthcare of older people living in nursing and residential homes in Northern Ireland (October 2012).

1.1 Actions/ Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with Nan McConville, assistant manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Haypark Homes Ltd/ J. McWhirter	Registered Manager: Jennifer McLean
Person in charge of the home at the time of inspection: Nan McConville, Assistant Manager	Date manager registered: 1 April 2005
Categories of care: RC-DE, RC-I, RC-MP, RC-MP(E)	Number of registered places: 30
Number of residents accommodated on day of inspection: 27	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 9: The health and social care needs of residents are fully addressed.

4. Methods/ Process

Prior to inspection we analysed the following records: the returned QIP from the previous care inspection undertaken on 11 November 2014.

During the inspection we met with eight residents, the assistant manager, two care staff and one ancillary staff.

We inspected the following records:

- Two residents care records
- One policy on the promotion of continence dated 25 May 2015
- Staff training records pertaining to the areas examined
- Records pertaining to the management of dental and vision screening

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 12 May 2015. The draft inspection report was issued on 11 June 2015.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (4)	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; <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. 	Met
	Action taken as confirmed during the inspection: The assistant manager confirmed to us that this had been addressed. The estates inspection dated 12 May 2015 followed up this issue and found that it had been addressed.	

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.3	The resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up with the registered manager. If the resident or their representative is unable to sign or choose not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: We inspected three care records which confirmed to us that this had been addressed.	
Recommendation 2 Ref: Standard 20.11	The registered person monitors the quality of services in accordance with the homes written procedures and completes a monitoring report on a monthly basis. <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 examination of the doctors' book and hospital book. 	Met
	Action taken as confirmed during the inspection: We inspected one monitoring report which confirmed to us that this had been addressed.	
Recommendation 3 Ref: Standard 35	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.	Met
	Action taken as confirmed during the inspection: We inspected the environment which confirmed to us that this had been addressed.	

Areas for improvement

No areas for improvement were identified.

Number of requirements:	0	Number of recommendations:	0
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5.3 Standard 9: The health and social care needs of residents are fully addressed.

Is care safe? (Quality of life)

Training records inspected confirmed to us that staff had received information and training in the provision of personal care and oral health care. The staff members we interviewed were able to demonstrate knowledge and understanding, including continence care and oral hygiene.

Staff were knowledgeable regarding where guidance and advice could be sought in respect of aspects of personal care. Staff confirmed to us that they receive updates during staff handovers of any changes in a resident's condition or appointments scheduled.

In our discussions with staff they demonstrated knowledge of the general health and social care needs of residents. Staff had knowledge of basic health practices and interventions that promote the health and welfare of the residents.

Two residents' care records contained a person centred assessment and care plan. Care plans were amended as changes occurred. Care records were kept up to date to accurately reflect at all times the needs and preferences of the residents.

The care and support needs of residents were detailed in care records. These included oral hygiene, continence, sensory and foot care. Staff reported to us that residents attending their own community dentist and hospital appointments are facilitated to do so by family.

Is care effective? (Quality of management)

A policy on the promotion of continence (May 2015) was in place. The policy did not direct staff practice in line with current best practice guidance. The home did not have a policy and procedure on oral healthcare. We made a recommendation in regard to these issues.

Through our discussions with staff and an inspection of records pertaining to appointments for sight, audiology, incontinence and podiatry we confirmed that systems were in place to manage health care appointments, screening and follow-up.

We confirmed that there was liaison with a wide range of primary health and social care services. Staff were able to describe to us the referral systems should a resident require the services of health care professionals.

Care records inspected did not include a record of contact made with residents' representatives. A template was immediately developed and put into place.

Is care compassionate? (Quality of care)

In our discussion with residents, they confirmed to us that staff provide care and support in a sensitive, kind and caring manner.

Staff confirmed to us that residents' spectacles, dentures, personal equipment and appliances were maintained by residents where possible, with assistance from staff.

In our discussion with staff it was evident that they recognised the potential loss of dignity associated with needing assistance with personal care. Staff members were able to describe to us how personal care was delivered in a compassionate manner and articulated those values that underpin person centred care.

Areas for improvement

One area of improvement was identified within this standard. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1 Residents' views

We met with eight residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. We observed that attention had been paid to residents' personal appearance.

Some comments included:

- "It's a great place to be"
- "The food is very good and if you don't like a thing, they can always get you something you do like"
- "Everybody is very kind"

5.4.2 Staff views

We met with two care staff and one ancillary staff. The staff spoke positively about their role and duties, staff morale, teamwork and managerial support.

Staff described to us the challenges in regard to managing specific behaviours which challenge. This was discussed with the assistant manager who gave us assurances that the home works closely with the trust and multi professional team. We inspected care records which confirmed this to us. The assistant manager confirmed to us that care reviews are on-going.

The registered manager confirmed to us that a system was not in place to record issues raised by staff and action taken. We have made a recommendation in this regard.

5.4.3 Environment

We inspected the environment and found that the home was clean, tidy and was decorated to a good standard.

5.4.4 Registered provider visits

We inspected one registered provider report. The report did not identify persons spoken to. We made a recommendation in this regard.

Areas for improvement

Two areas of improvement were identified within this standard. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	2
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6. Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Nan McConville, assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2015</p>	<p>The responsible person should ensure that when carrying out an unannounced registered provider visit, that all persons spoken to and detailed in the report are identifiable by a confidential method.</p>		
	<p>Response by Registered Person(s) detailing the actions taken: We hereby confirm a confidential method of recording the identified persons spoken to during unannounced visits has been established.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2015</p>	<p>The registered manager should ensure that: the policy on the promotion of continence (May 2015) is reviewed to direct and guide staff care practice; a policy and procedure on oral healthcare should be developed. Current best practice guidelines should inform review and development of policies and procedures.</p>		
	<p>Response by Registered Person(s) detailing the actions taken: We have reviewed and amended our policy on the promotion of continence. A policy and procedure on oral healthcare has been developed.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2015</p>	<p>The registered manager should ensure that a record is held in the home of issues raised by staff and of action taken.</p>		
	<p>Response by Registered Person(s) detailing the actions taken: We hereby confirm that a comprehensive record of issues raised by staff is kept and the appropriate action is taken whenever and whenever required</p>		
Registered Manager completing QIP	Jennifer Mc Clean	Date completed	27/07/2015
Registered Person approving QIP	Jim Mc Whirter	Date approved	27/7/2015
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	31.7.15

**Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address*

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.