

Inspection Report

27 April 2023



Haypark

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Haypark Homes Ltd Registered Person/s OR Responsible Individual: Mr J McWhirter	Registered Manager: Mrs Jennifer McClean Date registered: 01 April 2005
Person in charge at the time of inspection: Mrs 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 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 27 April 2023, from 9.35am to 6.30pm 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.

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

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.

Areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Haypark was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Haypark.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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

Thirteen residents, one relative and four staff were spoken with. No comments were received from staff via the on-line staff survey, or from residents or relatives via the questionnaires provided.

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The staff are kind, I am treated very well, I have no complaints". Another resident spoke of how "The care is good and the girls are attentive. I am well looked after".

A relative spoke of, "The manager is approachable, the food is good and the home is clean and tidy. I have no complaints."

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 12 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (a) (b) Stated: First time	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. With specific reference to ensuring: <ul style="list-style-type: none"> • there are two written references, one of which should be from the employees present or most recent employer prior to commencing employment • files have a clear documented start date of the staff member • evidence is available that the person is physically and mentally fit for the purposes of their duties. 	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 20 (3) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 27 (4) (d) (iii) Stated: First time	The registered person shall ensure corridors are kept free from obstruction at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Area for improvement 5 Ref: Regulation 27 (4) (d) (iii) Stated: First time	The registered person shall ensure resident personal emergency evacuation plans (PEEPs) are kept up to date.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	

Area for improvement 6 Ref: Regulation 10 (1) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met.</p> <p>This is discussed in section 5.2.5</p>	Partially met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: Third time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and has been subsumed into an area for improvement under the regulations.</p> <p>This is discussed in section 5.2.2</p>	Not met
Area for improvement 2 Ref: Standard 25 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.</p> <p>This is discussed in section 5.2.1</p>	Not Met

Area for improvement 3 Ref: Standard 29.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 28.3 Stated: First time	The registered person shall ensure the infection prevention and control issues identified during this inspection are addressed: This relates specifically to the following: <ul style="list-style-type: none"> • Staff are bare below the elbow • vinyl gloves are not used for direct resident care • the underside of hand sanitiser dispensers are kept clean • toilet brushes are replaced to those that can be air dried. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job.

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.

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 stated for a second time.

There was evidence of a limited programme of supervision in place for staff. This was discussed with the manager and an area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and 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.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Two care plans reviewed did not include reference to pressure relieving equipment in use, when there was as assessed need for this. A further two care plans did not have regular ongoing review. This had previously been stated as an area for improvement for third time under the standards and is now subsumed into an area for improvement under the regulations. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records.

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 recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was clutter on top of a cupboard in a downstairs bathroom. This was removed by staff on the day of inspection.

There were areas in the home where infection prevention and control issues were identified. Two bedrooms had continence products that were inappropriately stored. Full details were discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

The Fire Risk Assessment for the home had actions that had not been completed within the recommended timeframes. An area for improvement was identified. Further information that could be included within the fire drill records, including the alarm point that was used, response times of staff and learning identified, was discussed with the manager for information and action.

There was a raised toilet seat that needed to be replaced. The manager confirmed post inspection that this had been completed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

There was an unlocked metal cupboard in the dining room which was being used to store nutritional supplements. These supplements are required to be stored safely and securely and to the manufacturer's instructions. This was discussed with the manager who had a lock put on the cupboard on the day of inspection. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was evidence of an ongoing activity programme for residents. It was discussed with the manager for the need for this programme to be displayed in a more accessible format in the home. There was no consistent recording of the activities that were taking place in the home for residents. An area for improvement was identified.

There was no evidence of resident's meetings taking place in the home. These meetings should allow for residents to express their views, and be consulted about the running of the home. An area for improvement was identified.

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.

A system of auditing was in place to monitor the quality of care and other services provided to residents. Whilst progress has been made since the last inspection in this area, the audits in Infection Prevention and Control (IPC), mealtime experience and the environment require to be further developed with defined action plans. This area for improvement is partially met, and is stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these.

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

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of 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 were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These 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
Total number of Areas for Improvement	*5	*6

* The total number of areas for improvement includes two that have been stated for a second time and two which are carried forward for review at the next inspection.

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	
Area for improvement 1 Ref: Regulation 21 (a) (b) Stated: First time To be completed by: 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"> • there are two written references, one of which should be from the employees present or most recent employer prior to commencing employment • files have a clear documented start date of the staff member • evidence is available that the person is physically and mentally fit for the purposes of their duties. <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time To be completed by: 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: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 10 (1) Stated: Second time To be completed by: 31 January 2023	<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 5.1,5.2.5</p>

	<p>Response by registered person detailing the actions taken:</p> <p>A system is in place to record the oversight of the governance of quality assurance audits by the Manager and is checked regularly by the Registered Person</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) 2 (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered manager should ensure that the written care plan is prepared in consultation with the resident as to how the residents needs are to be met, and that this plan is kept under regular review.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Residents written care plans are prepared in consultation with the resident to ensure that the residents needs are met and are kept under regular review</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27(4)(a).</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered manager should ensure that the action plan attached to the home's fire risk assessment is fully implemented within the timeframe stipulated.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Fire risk assessments are actioned on receipt with a view to be fully implemented within the time frame stipulated. The last assessment was received four weeks after the date of the report and has now been completed</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: 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: 5.1,5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff duty rotas identify the person in charge in the absence of the Manager</p>

<p>Area for improvement 2</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that staff have recorded formal supervision no less than every six months.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff formal supervision is undertaken every six months and recorded</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure there is a managed environment that minimises the risk of infection. This is stated in relation to the storage of continence products.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All continence products are kept in residents wardrobes to minimise the risk of infection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that medicines are stored safely under conditions that confirm to manufacturers requirements.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All medicines are stored safely in a locked cupboard and comply with the manufacturers requirements</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and location, and that a record is kept of all activities that take place.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Activity programmes are displayed where residents can see them and staff inform residents each day. A record is kept of all activities that take place</p>

Area for improvement 6 Ref: Standard 1.2 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure the home has systems where residents can express their views and be consulted about the running of the home. This is stated in relation to resident's meetings. Ref: 5.2.4
	Response by registered person detailing the actions taken: The Registered Person speaks with residents on a regular basis and takes note of their views about the running of the home

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