



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Haypark
Establishment ID No: 1617
Date of Inspection: 29 and 30 May 2014
Inspector's Name: Kylie Connor
Inspection No: 16625

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Haypark
Address:	36 Whitehall Parade Belfast BT7 3GX
Telephone Number:	(028) 9064 1784
E mail Address:	info@hayparkresidential.com
Registered Organisation/ Registered Provider:	Mr J McWhirter
Registered Manager:	Ms Jennifer McClean
Person in Charge of the home at the time of Inspection:	Ms Jennifer McClean
Categories of Care:	RC-I , RC-MP, RC-MP(E)
Number of Registered Places:	30
Number of Residents Accommodated on Day of Inspection:	25 (1 in hospital)
Scale of Charges (per week):	£437
Date and type of previous inspection:	13 December 2013 & 10 January 2014 Secondary Follow-up
Date and time of inspection:	29 May 2014: 10:00am to 5:45pm 30 May 2014: 9:15am to 2:00pm
Name of Inspector:	Kylie Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

Any other information received by RQIA about this registered provider and/or the service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	18
Staff	5
Relatives	4
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	15	4

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of Service

Haypark is a Private Residential Home for thirty residents in single room accommodation with a sink in each bedroom. The home is situated within the Belfast Health and Social Care Trust geographical area. Opened in 1990 in a building that was originally a Victorian hospital, the home is set in a fairly densely populated urban area close to the Ormeau Road, local amenities and public transport.

The home has a number of attractive period features and is spacious, with bedroom accommodation on all three floors. Two lounge areas, one of which is designated as a smoking room, a dining room and a staff office are situated on the ground floor. A lift is available for access to the upstairs rooms.

Although situated in a residential area, with hard surface parking spaces around it, the home enjoys a good level of privacy with residents describing the area as 'quiet'.

The home is registered to accommodate residents within the following categories of care;

I	Old age not falling into any other category
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years

There is a condition on the homes registration certificate as follows; There shall be one identified resident in category RC-MP/MP (E).

8.0 Summary of Inspection

This announced primary care inspection of Haypark was undertaken by Kylie Connor on 29 May 2014 between the hours of 10:00am and 5:45pm and on 30 May from 9:15am to 2:00pm. Jennifer McClean, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection with the deputy manager. The inspector met the responsible person, Mr McWhirter at the start of the inspection who provided a brief overview of his involvement in the home. The inspector also spoke briefly to another individual with an interest in the home.

Requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that two requirements and eight recommendations achieved the level of compliant. One requirement and one recommendation achieved the level of substantially compliant. One requirement and five recommendations achieved the level of moving towards compliance. The inspector draws attention to the fact that a number have been restated for the third time and enforcement may be considered if not met satisfactorily. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments made in the self-assessment were not altered in any way by RQIA. Other documentation was examined which was returned prior to the inspection including finance, vetting and resident dependency.

During the inspection the inspector met with residents, representatives, staff and a visiting professional who discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff

questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

A selection of comments received from residents, representatives, visiting professional and staff are included in section 11.0 of the main body of the report.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

Four requirements and sixteen recommendations were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP). A number of improvements identified are detailed below.

The inspector would like to thank the residents, representatives, visiting professional, the registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which partly reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that physical restraint is not used in this home.

The majority of residents' care records examined did not outline their usual routine, behaviours, means of communication for and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs and of residents' usual routine, behaviours and means of communication. Staff also confirmed that they have received training in behaviours which challenge.

Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The registered manager is aware of his/her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records provided some evidence that residents and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Haypark obtained the level of moving towards compliance with this standard. Improvements include; improving the responding to behave that challenge policy and procedure, completing care plans for all residents and improving staff training.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

In the absence of the activity coordinator activities are provided by care staff or are contracted in. A basic selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity. Some records were maintained.

The evidence gathered through the inspection process concluded that Haypark obtained the level of substantially compliant with this standard. Improvements have been identified in the areas of; activity resources and equipment, records, completing a social history with all residents and identifying staff on each shift to take responsibility for facilitating the activity.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14 (4)	<p>The registered manager should review the homes vulnerable adults' policy and procedure as stated in the previous report.</p> <p>A copy should be sent to the inspector along with the returned QIP.</p>	<p>Minor improvements were noted when taken together with a separate contact list held in the home and on display in the office. However, the inspector repeated the need to include the name and contact of NISCC and the Barring and Disclosure Service and to improve the specific detail within the procedure to support and guide staff when responding and making a vulnerable adult referral. It was re-iterated that it is not acceptable to state, 'immediately initiate the procedures as per DHSSPS guidance, regional protocols and local procedures' or 'manager to inform all relevant bodies'.</p> <p>An urgent actions letter was issued on 30 May 2014. The inspector re-stated guidance previously given during feedback. A number of emails were sent to the home re-stating this information. An improved policy and procedure was received. This is not re-stated.</p>	Compliant
2	24 (3)	<p>The registered person shall ensure that any complaint made under the complaints procedure is fully investigated.</p> <p>The registered manager should confirm that a complaints record book(s) (for any persons expressing dissatisfaction) is in place and all complaints/expressions of dissatisfaction are recorded,</p>	<p>Complaints were reviewed and discussed with the registered manager and deputy manager. A recording system was found to be in place. One record was found to be in need of improvement. This is re-stated.</p>	Substantially compliant

		including anonymous complaints. Each should have details of the action taken and confirmation whether the complainant was satisfied with the outcome. Records of written complaints must be held in the home.		
3	24 (1) (2) (4) (5)	<p>The registered person shall establish a procedure ("the complaints procedure") for receiving, managing and responding to complaints made to the registered person by a resident or person acting on the resident's behalf. The complaints procedure shall be appropriate to the needs of residents. The copy of the complaints procedure to be supplied in accordance with paragraph (5) shall include - the name, address and telephone number of the Regulation and Improvement Authority;</p> <p>Arrangements should be made without delay for staff to receive training in managing and responding to complaints.</p>	<p>Evidence following review found that further improvements are necessary. The homes complaints policy and procedure was not compliant with DHSSPS Complaints in health and social Care Standards & Guidelines for Resolution & Learning (2009).</p> <p>An urgent actions letter was issued on 30 May 2014 and an improved policy and procedure was received. This is not re-stated.</p> <p>A review of the staff training schedule confirmed that training is scheduled to take place.</p>	Compliant

4	3 (1) (2) (Schedule 1)	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of –</p> <p>a statement of the aims and objectives of the home;</p> <p>a statement as to the facilities and services which are to be provided by the registered person for residents;</p> <p>and a statement as to the matters listed in Schedule 1.</p> <p>The homes statement of purpose should be reviewed and re-submitted.</p>	<p>A review of the homes statement of purpose found that it does not specify the MP or MP(E) categories or the DE category, which has been applied for. It does not contain information pertaining to all the matters listed in Schedule 1.</p> <p>The inspector further requires that details of all restrictive practices which may be in use in the home at any time are stated in the category of care section with consideration of the human rights act (1998). These may include (not an exhaustive list) arrangements in place for individual residents regarding: the use of bedrails; arrangements to manage cigarettes/lighters; the use of pressure mats; night checks; the controlled access to the front door; alarmed doors; periodic observation checks of residents and so on. This is re-stated.</p>	<p>Moving towards compliance</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	8.1	The registered manager should ensure that policies and procedures for the management of records detail the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. Ensure compliance with data protection, freedom of information and DHSSPS guidance.	A review of the policy and procedure confirmed that improvements have been made and includes these areas. Records evidenced that the home have scheduled training for staff on record keeping in August 2014 and stated that the policy will be further reviewed following this training. The home verified that they have a copy of the DHSSPS guidance. This is not re-stated.	Compliant
2	21.4 21.5	<p>The registered manager should ensure that policies and procedures are dated when issued, reviewed or revised. The registered person ratified any revision and signs/dates each policy and procedure.</p> <p>A record should be maintained that all staff should sign when they have read and understood each new policy and procedure and again when it is reviewed or revised if any changes are made.</p>	Evidence demonstrated that a number of policies and procedures have been recently reviewed or revised, but the registered manager has not signed these and there was no evidence of staff signatures that they had read and understood these. This is re-stated.	Moving towards compliance
3	8.3	A summary report template should be developed and completed of any period of respite care is compiled and a copy sent to the resident's carer in the community (if appropriate) and referring Trust in line with the resident's written agreement. This should include	A review of one completed template pertaining to a respite resident evidenced this is in place. Evidence demonstrated that residents also are encouraged to write comments in a book. This is not re-stated.	Compliant

		residents comments regarding their care and support received while on respite.		
4	13.4	The registered manager should provide an update in respect of; a programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	Evidence demonstrated that this has been achieved. This is not re-stated.	Compliant
5	15.1	The registered manager should provide an update in respect of; a review the policies on valuables and personal possessions and accounting and financial control arrangements (2009) as detailed in the report dated November 2012.	A policy on valuables kept in the safe belonging to the residents (March 2014). The registered manager stated that the trust pay the home direct and there are no third party contributions. Evidence demonstrated that financial arrangements regarding personal allowance is included in the care reviews. There was evidence that records are in place to record the managing of a residents' personal allowance and residents shopping. This is not re-stated.	Compliant
6	15.4	The registered manager should provide an update in respect of; ensuring that records are developed to record the process of staff purchasing residents items (as personally requested by those residents who hold their own money), with receipts and return of correct change evidenced. This refers to the times when residents give staff money directly from money they hold and manage	A review of a 'shopping list' record system created by the home, evidences that this is now met. This is not re-stated.	Compliant

		themselves rather than money that is held by the home.		
7	15.4	The registered manager should ensure that the identified residents' agreements are reviewed to ensure full compliance with standard 4 of the residential care homes minimum standards (2011).	Evidence demonstrated that the residents' agreement does not fully comply with all areas stated in standard 4. Guidance was provided. This is re-stated.	Moving towards compliance
8	11.3	The registered manager should ensure that written reports completed by staff prior to a review are improved to also detail the support provided by the home in relation to residents' finances.	One report reviewed evidenced that this area was included. This is not re-stated.	Compliant
9	11.5	The registered manager should ensure that the home keeps records of review meetings that identify outcomes of the review, actions required and those responsible for these actions.	Evidence reviewed demonstrated that the home is now keeping a record of the pre-review reports completed by them. However, the template does not facilitate the recording of the review meeting and one care record reviewed had a record that the care review had taken place and what actions were going to be taken.	Compliant
10	19.1	The registered manager should provide an update on the review of the recruitment and selection policy and procedure to ensure compliance with relevant legislation.	The policy dated March 2014 does not comply with legislation nor agencies relevant to Northern Ireland. The home was advised to contact the labour relations agency for a copy of their guidance and to attend training provided. This is re-stated.	Moving towards compliance

11	19.3	The registered manager should provide an update on the review of the recruitment and selection policy and procedure which should detail the storage arrangements for the Access NI check.	This is not detailed in the revised policy (March 2014). This is re-stated.	Moving towards compliance
12	20.10	The registered manager should develop and implement the regular use of an accident and incident audit template.	<p>During discussions of accident and incidents, it came to the inspectors' attention that the home has not been referring to RQIA residents who have been admitted to hospital. The home has a number of separate records regarding accidents and incidents including a 'hospital book,' a 'doctors' book' a 'report book' and an 'accident and incident book.' To date, the inspector had reviewed only the latter record. A requirement has been made.</p> <p>The manager states that she signs off accidents and incident records but has not developed an audit template and this is re-stated.</p>	Moving towards compliance
13	27	<p>The registered manager should complete a recognised dementia environmental audit and submit an action plan including provision of a secure outdoor space.</p> <p>This is to support the variation received for the category of care DE.</p>	Discussions with the registered manager evidenced that the home is in the planning stage at present. The inspector emphasised the importance of obtaining relevant dementia guidance documents regarding areas such as outdoor space, lighting, decoration and so on. The estates inspector met with the responsible person and the registered manager prior to this report being issued, who confirmed that the home has obtained relevant guidance. This is not re-stated and the inspector will follow up information as part of the variation process.	Substantially compliant

14	27.6	The registered manager should ensure that security measures are operated that restrict unauthorised access to the home to protect residents and their valuables, the premises and their contents.	The registered manager stated that two weeks ago the home installed a key-padded lock to the front door which controls persons entering the home but does not restrict residents or visitors exiting the front door. A notice is in place to encourage all visitors to sign in /out.	Compliant
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10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
It is the Policy of Haypark Residential Home to ensure that all residents are cared for in a safe, non threatening environment where staff seek to understand and respond appropriately to resident,s behaviour. Staff have the knowledge of each resident,s conduct and behaviours and means of communication. Staff have received relevant training on how to cope and manage resident,s behaviour.	Substantially compliant
Inspection Findings:	
<p>The home had a policy and procedure on responding to residents behaviour (May 2010) in place. A review of the policy and procedure identified that while it reflects parts of the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) it is in need of review and further improvement. A recommendation has been made. The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It referred that RQIA should be notified but did not state that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents evidenced that informed values were demonstrated. A review of staff training records identified that nine care staff and one auxiliary staff had received training in behaviours which challenge in May 2014 which included a human rights / person centred approach. Staff spoken to stated that this training is conducted on an annual basis. The registered manager stated that one other care staff attended this training in 2012. The training record did not include training undertaken by the registered manager or the deputy manager and a recommendation has been made.</p> <p>A review of five residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were not recorded in four care records and did not include how staff should respond to</p>	Moving towards compliance

<p>assessed needs. There was some risk assessments appropriately completed but evidence did not demonstrate that these were consistently being reviewed in a timely manner. The completion of care plans was stated in a previous quality improvement plan and this was discussed with the registered manager and deputy manager. A requirement has been made.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. Staff were knowledgeable in regard to the implementation of least restrictive strategies.</p> <p>A review of the returned staff questionnaires identified that they had received training in behaviours that challenge.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Whilst very aggressive and demanding behaviours can be particularly challenging for staff, it is recognised that other behavioural patterns such as sudden withdrawal, non communication, obsessiveness, attention seeking, anxiety can also indicate difficulties being experienced by residents that need a sensitive and understanding response. key to understanding of such behaviours and appropriate response by staff is a detailed initial assessment of the resident, good staff to resident communication and careful analysis of concerning behaviours with professional inputs as appropriate.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The policy and procedure on responding to residents behaviour (May 2010) did not include all of the following and a recommendation has been made:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary 	Moving towards compliance

<ul style="list-style-type: none"> . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report uncharacteristic behaviour to the registered manager or the person in charge.</p> <p>One care record reviewed contained relevant information regarding the residents identified uncharacteristic behaviour and but did not detail action to be taken by staff in response. Discussions with the registered manager provided assurances that the behaviour would have been responded to appropriately but that the behaviour had not re-occurred again. Advice was given regarding how care plans should be updated.</p> <p>Staff confirmed that they respond appropriately to uncharacteristic behaviour and examples were given, A review of the records and discussion with a visitor confirmed that they had been informed appropriately.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>An understanding of why a resident may be aggressive or challenging is crucial to the way that it is managed therefore, communication between the resident and staff is extremely important. A staff members knowledge of the resident gleamed from initial and ongoing assessments will help in detremining how extreme and unusual is the behaviour exhibited. All staff will be informedof those residents assessed as likely to exhibit challenging behaviour and will be advised as to how to respond. Details of the assessed behaviour will be recorded in the resident,s care paln and regularly reviewed.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of five care plans identified that improvement is needed to reflect that when a resident needs a consistent approach or response from staff, this is detailed. A recommendation has been made. Care plans reviewed were not signed by the resident or their representative where appropriate or the registered manager. The staff member drawing it up had signed it. A recommendation has been made.</p>	Moving towards compliance

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
When a resident has a specific behaviour management programme all relevant trained professional services will have input and will form and update residents care plan	Substantially compliant
Inspection Findings:	
The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not Applicable
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
When a resident,s behaviour management programme is in place for any resident staff are provided with the necessagy training - e.g. by training providers. Staff Nursing trainers which all staff must attend according to their terms and conditions of their employment. 1. To remain calm and keep control of the situation. 2. Reason with and try to reassure the rsident with the aim of defusing the situation. 3. Attampt to avoid any physical contact or making any statement that may increase tension. 4. Summon help if required particularly if there is a danger to the individual or other residents. 5. Once the situation has become manageable, report the incident to the senior staff on duty and record details in the homes incident book also a record will be made in the residents care plan. All relevant parties must be informed, care manager, social worker,vulnerable adults, next of kin, RQIA and registered provider.	Substantially compliant
Inspection Findings:	
Staff confirmed during discussion that they felt supported. Staff confirmed that the support received ranged from the training provided, supervision and staff meetings. Discussion with staff confirmed that there are no behaviour management programmes in place therefore this criterion is not applicable on this occasion.	Not applicable

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Where any incident is managed out side the scope of a resient,s care plan this is recorded and reported, Where necessary the manager will arrange a review of the incident involving other professionals, e.g. care manager, GP, vulnerable adults, as appropriate with the aim of determining what triggered the incident and how a repetition could be avoided in the future.	Substantially compliant
Inspection Findings:	
<p>A review of the accident and incident records from January 2014 to May 2014 inclusive and from discussion with staff one incident was found which had occurred outside of the scope of a resident’s care plan. A review of the care plan revealed that it had not been updated and reviewed and did not include involvement of the Trust and relevant others.</p> <p>During discussions, it came to the inspectors’ attention that the home also keeps separate books on hospital visits and GP visits. A random review of these records and discussions with the registered manager revealed that the home did not notify RQIA of all relevant incidents and a requirement has been made. The inspector stated that accidents and incidents should be notified of all residents irrespective of where they occur i.e. outside the home.</p>	Moving towards compliance

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Restraint which broadly means, "restricting someone's liberty or preventing them from doing something they want to" (RCN2004) can be explicit or subtle, intentional or accidental. In a residential home setting it can take many forms including, use of bedrails, inappropriate bed height, harnesses, belts and lap straps, inappropriate use of medication, locked doors, arranging furniture to impede movement, inappropriate use of nightcloths during waking hours, physically holding to prevent movement. In Haypark Residential Home restraint will only be used as a last resort by appropriately trained staff to protect the resident or other person when other less restrictive strategies have been unsuccessful. records will be kept of all instances when restraint is used. Any restraint used will be the minimum required for the agreed risk, be time limited and under constant review. It should not be used unless an appropriate multi-disciplinary risk assessment has been carried out and a care plan identifying the risk and interventions required and why. Where the resident is able to understand what is being proposed they should be asked to sign both the risk assessment and the care plan and be involved in reviewing the use of restraint. If the resident is unable to understand then the next of kin should sign their agreement with the proposed intervention. The homes manager is to be advised of any difficulties or concerns regarding the implementation of this policy/procedure. Records are kept of all incidents when restraint is used.</p>	Substantially compliant
Inspection Findings:	
<p>Discussion with staff, visitors and a review of returned staff questionnaires, accident and incident records, staff training records and an examination of care records confirmed that physical restraint is not used in this home, in keeping with the categories of care. A number of restrictive practices were identified and a requirement and recommendation has been made.</p> <p>A review of staff training records evidenced that nine care staff and one auxiliary staff had received training in behaviours which challenge in May 2014. This training included measures that prevent the need for physical restraint and did not include training staff in the delivery of restraint techniques which is in keeping with the homes categories of care. The inspector recommends that this training in the future should include the area of identification of restrictive practices in residential care to ensure staff awareness and support appropriate management thereof.</p> <p>Residents confirmed during discussion that they were aware of decisions that affect their care. Residents confirmed that they had given their verbal consent to restrictions e.g. arrangements in regard to smoking, night</p>	Substantially compliant

<p>checks.</p> <p>A review of the home’s Statement of Purpose evidenced that the types of restrictive practices used in the home are not described and this has been included in a re-stated requirement. The areas of physical, environmental, mechanical, technological, chemical, psychological should be considered.</p>	
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<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Haypark Home offers a full range of activities, residents are given notice of all up coming activities they have the choice weather to attend or not. Activities as far as possible will be based on the needs and interests of the residents.	Substantially compliant
Inspection Findings:	
The home did not have a policy on the provision of activities and a recommendation has been made. Three completed individual social interests and activities information were reviewed. These are not completed for all residents in the home and a recommendation has been made. The registered manager was advised to ensure that this information is accurate and referred to in the assessment and care plans. Discussion with residents, staff, observation of an activity and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were mainly based on staffs' knowledge of the interests of residents. The Statement of Purpose and Residents Guide provided some information pertaining to activity provision within the home.	Moving towards compliance

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Hayparks programme includes activities that are enjoyable purposefull age and culturally appropriate and takes into account the residents spiritual needs, promotes healthy living is flexible and responsive to residents changing needs and facilitates social inclusion and community events.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised each week and that these are flexible to take advantage of the weather and of residents' suggestions.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Residents including those residents who generally stay in their rooms are given the opportunity to contribute suggestions and to e involved in al activities.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussion with residents, including one resident who stays in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. One resident confirmed that one to one activities were preferred, "we have a bit of craic."</p>	Compliant

Residents have been facilitated to express their views on activities by means of satisfaction resident meetings, one to one discussions with staff and care management review meetings.	
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities programme will e displayed in an appropriate location for residents and their representatives.	Substantially compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the entrance hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned. Residents stated that the programme of activities was presented in an appropriate format to meet their needs.</p>	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Resident,s are enabled to participate in the programme through the provision of equipment, aids and support for staff and others.	Substantially compliant
Inspection Findings:	
<p>One identified staff member takes the lead in developing and reviewing the activity programme with residents, but all staff are involved in facilitating the activities. Staff confirmed that no system is in place which records when scheduled activities do not take place and the reason why. Staff confirmed that on occasion, activities do not take place as scheduled due to staff being very busy or being called away for a number of reasons. A recommendation has been made.</p> <p>Staff and residents confirmed that there was a need for more activity equipment. The home has old movies, bingo, some arts and crafts and the library comes every month. Staff said that they cleared out a lot of old</p>	Substantially compliant

<p>resources recently. Staff stated that outings in the local area would benefit residents and that there are plans to purchase more equipment including new board games and gardening resources. A recommendation has been made. Staff stated that they can do gentle armchair exercises with residents to get them motivated.</p> <p>There was confirmation from the registered manager that the cost of purchasing of equipment and provision of external entertainers is met from the homes budget.</p>	
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>In addition to the individualised programmes the Activity Co-ordinator in the home will produce a corporate programme based on common interests gleaned from the individualised assessment. Resident,s views and opinions will bhe sought when producing the corporate programme. Account will be taken of the needs and abilities of the residents participating when deciding on the timing and duration of the activity/event.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When an activity or event is lead by a person(s) not employed by the Home, the registered manager will ensure that the person has the necessary skills to lead such sessions.</p>	Substantially compliant

Inspection Findings:	
The registered manager confirmed that there are a number of individuals/organisations employed to provide musical and rhythm/rhyme based activities. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity. The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity but no records are in place. A recommendation has been made. The inspector observed an activity by a person contracted in and fifteen residents were observed enjoying it.	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	
Provider's Self-Assessment	
Where activity is provided by a person contracted in to do so by the home staff inform them of any changed needs of residents prior to the activity commencing. System in place to receive feedback.	Substantially compliant
Inspection Findings:	
The registered manager and contracted in entertainer confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity. No system was in place to receive feedback and a recommendation has been made.	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	
Provider's Self-Assessment	
A written record will be maintained for corporate sessions detailing attendance, levels of participation, name of person leading activity and comments on the general interest from the residents.	Substantially compliant

Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The corporate programmes is reviewed at least 6 monthly to ensure it meets the resident,s changing needs. The individualised programme will be reviewed as part of the care planning reviewing procedures.	Substantially compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed in September 2013 and assurances were given that this will take place twice yearly. The registered manager and staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. The registered manager confirmed that consents for photographs and their use was being completed.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with fifteen residents both individually and with others in groups. Residents were observed relaxing in the communal lounges area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "The staff are great."
- "She (the contracted-in entertainer) is very good isn't she. She has a way with people."
- "I like to do it myself. I like not to be knocked out of the world altogether. What I can't do I ask for help."
- "It's nice and homely."
- "I like music and singing, it helps put in the day."

11.2 Relatives/representative consultation

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "The décor is quite nice and pleasant."
- "Staff are good and very helpful, patient with residents."
- "Staff go beyond doing their job, are very caring, have old time music on, things residents like and she tells me about the music activities. She tells me she enjoys it, she gets up dancing."
- "They have done a lot of upgrading and redecorated, new flooring and wallpaper, that is a big improvement and mums bedroom always clean and bed changed regularly at least on a weekly basis."
- "My relative is quite reluctant to join in, would take a back seat...did take part in the music activity this morning. Loves the food."

11.3 Staff consultation/Questionnaires

The inspector spoke with two care staff, the cook, the deputy manager the registered manager and four staff completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Comments received included:

- "Residents like out for a drive and for staff to point out places of interest, but most don't want to get out of the car. They like to go and get an ice cream."

- “We always promote their (residents) own independence. In the morning, we hand them a towel and facecloth and encourage them to wash themselves, rather than going ahead and doing it for them.”

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting professionals’ consultation

The inspector spoke to the contracted in entertainer who expressed positive views in regard to the conduct of the home and verified that she is updated regarding changes in residents needs prior to every activity. She commented;

- “See the way they (residents) come out of themselves.” (During the activity)

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that the majority of complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was recorded. The details of the investigation process of all complaints, especially those received in writing needs to be improved including statements by staff and actions taken to investigate a complaint. A recommendation has been made. The inspector has followed up issues raised prior to this inspection with a trust representative.

The registered manager confirmed that lessons learnt from investigations were acted upon. This centred on the area of being specific in responses and ensuring good record keeping.

11.7 Environment

The inspector viewed the home alone and inspected a number of residents’ bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents’ bedrooms were observed to be homely and personalised. A large number of light bulbs were found not working in one lounge on 29 May 2014 and this was brought to the registered managers’ attention who

had these replaced by 30 May 2014. The inspector advised that staff should be reminded of the importance of reporting and recording these issues promptly.

11.8 Guardianship Information

A review of the resident dependency, including guardianship information submitted prior to the inspection was resubmitted with the correct information.

11.9 Fire Safety

The inspector reviewed information submitted prior to the inspection. No issues were identified. The inspector will review the homes fire safety records during the next inspection. A recommendation has been made.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jennifer McClean, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Haypark

29 and 30 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Jennifer McClean, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	24 (3)	The registered person shall ensure that any complaint made under the complaints procedure is fully investigated. The registered manager should confirm that the identified complaint record is improved to evidence the investigation process. (The follow-up on previous issues refers). Failure to meet this requirement satisfactorily may result in the Authority initiating enforcement action.	Three	The registered person shall ensure that any complaint made under the complaints procedure is fully investigated. The registered manager should confirm that the identified complaint record is improved to evidence the investigation process. Complainants are advised of their rights. Where a complaint is raised, all records are recorded and all relevant bodies are informed. All complaints shall receive written confirmation within two working days and will be issued by a written report within 20 days after the initial complaint. If the result is not of a satisfactory outcome the complainant is informed as to what relevant parties the complaint has been passed on to and the complainant is informed of all procedures throughout this process	By return of QIP

REGULATION: A QUALITY
 25 JUL 2014
 IMPROVEMENT

2	16 (1) (2) (a) (b) (c) (d)	<p>Care plans for all residents should be fully completed, up to date and reflect the areas specified in standard 6.2. Identification of risks and completion of risk assessments should be improved.</p> <p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.</p> <p>The registered person shall ensure that: - the resident's care plan is available to the resident; the resident's care plan is kept under review; where appropriate and, unless it is impracticable to carry out such consultation, after consultation with the resident or a representative of his, revise the resident's care plan; and notify the resident of any such revision (10.1 and 13.1 refers).</p>	<p>Two</p> <p>(Previously stated in inspection report dated 7 and 30 May 2013)</p>	<p>Care plans for all residents are now being updated and reflects the areas specified in standards 6.2. An individual comprehensive care plan is drawn up as the assessment of the resident's needs is carried out, and includes details as follows.</p> <p>Any personal outcomes sought by the resident's family, background information, daily care, support, opportunities and services provided by the home and others. How specific needs and preferences are to be met if the resident is from a specific minority group.</p> <p>Information about the resident's lifestyle is used to inform practice. The resident's agreed daily routine and weekly programme. The management of any identified risks, strategy or programmes to manage specified behaviours.</p> <p>Directions for use of any equipment used to assist the delivery of care. The registered person will ensure that a written care plan is prepared in consultation with the resident</p>	30 July 2014
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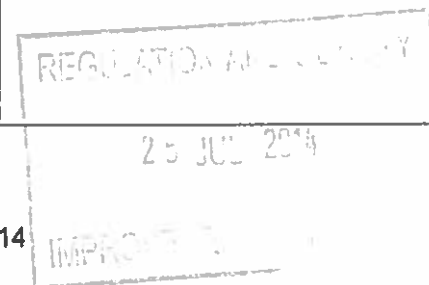
				<p>or/and resident's representative as how the resident's needs in respect of care, health and welfare are to be met. The resident's or/and their representatives, where appropriate sign the care plan along with the member of staff responsible for drawing up and the registered manager, if the resident or their representative is unable to sign or chooses not to sign, this is recorded and a copy of the care plan is made available to the resident in a language and format suitable for them.</p>	
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3	3 (1) (2) (Schedule 1)	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of – a statement of the aims and objectives of the home; a statement as to the facilities and services which are to be provided by the registered person for residents; and a statement as to the matters listed in Schedule 1.</p> <p>The homes statement of purpose should be reviewed in line with guidance in the report and re-submitted to the Authority. (The follow-up on previous issues and 10.7 refers.) Failure to meet this requirement satisfactorily may result in the Authority initiating enforcement action.</p>	Three	<p>Aims of Care Provide an atmosphere that facilitates the right of freedom of choice and opportunity to ensure a homely, caring and safe environment. Allow for the continuance of independence within a supervised environment. Encourage socialisation and integration into the local community. Care offered will be of a high standard and flexible to meet the individual needs. Each resident will have a key worker associated to assess and monitor their individual needs. Provide a structured environment enabling each resident the right to reach and maintain his/her all round maximum potential. Recognise and respect each individual right to privacy. Ensure residents have the opportunity to follow their religious persuasion. Enable and encourage contact with family, friends and carers. Provide a stimulating social/recreational environment. Haypark Homes</p>	15 August 2014
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				Ltd is in the process of registering for 5 dementia residents we aim to give these residents the individual attention and encouragement that they require.	
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4	30 (1) (2)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of - (a) the death of any resident, including the circumstances of his death;</p> <p>(b) the outbreak in the home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be so notified;</p> <p>(c) any serious injury to a resident in the home; (d) any event in the home which adversely affects the care, health, welfare or safety of any resident; (e) any theft or burglary in the home; (f) any accident in the home; (g) any allegation of misconduct by the registered person or any person who works at the home. Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 working days of the oral report.</p> <p>The registered manager should review all accident/incident records including the doctors' book and hospital book and retrospectively refer all necessary accidents to RQIA occurring between 1 January 2014 to the date of the inspection (10.6 refers).</p>	Two (Previously stated in inspection report dated 7 and 30 May 2013)	<p>The registered manager will give notice, to the Regulation and improvement authority without delay of the occurrence of - the death of a resident and the circumstances of his/her death: the outbreak in the home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be notified , any serious injury to a resident in the home any event in the home which adversely affects the care, health, welfare, or safety of any resident, any theft or burglary in the home, any allegation of misconduct by the registered person or any person who works at the home. The registered manager has reviewed all accident/incident records, also doctors book, hospital book and retrospectively referred all accidents to RQIA</p>	From the date of the inspection and on-going
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Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	21.4 21.5	<p>The registered manager should ensure that policies and procedures are dated when issued, reviewed or revised. The registered person ratified any revision and signs/dates each policy and procedure.</p> <p>A record should be maintained that all staff should sign when they have read and understood each new policy and procedure and again when it is reviewed or revised if any changes are made. (The follow-up on previous issues refers). Failure to meet this requirement satisfactorily may result in the Authority initiating enforcement action.</p>	Three	The registered manager is in the process of reviewing and up-dating the homes policies and procedures and are dated when reissued. The registered person will sign and date each policy and procedure. A record will be maintained that all staff have read and signed and understood each new policy and procedure when it is reviewed or revised if any changes are made.	1 August 2014
2	15.4	<p>The registered manager should ensure that the identified residents' agreements are reviewed to ensure full compliance with standard 4 of the residential care homes minimum standards (2011). (the follow up on previous issues refers) Failure to meet this requirement satisfactorily may result in the Authority initiating enforcement action.</p>	Three	The registered manager has reviewed the residents agreements to ensure full compliance with standard 4 of the residential care homes minimum standards 2011	By return of QIP



3	19.1	The registered manager should ensure that the recruitment and selection policy and procedure is reviewed to ensure compliance with relevant legislation. The registered manager should obtain guidance from the labour relations agency and consider the need to attend training provided by them. (The follow-up on previous issues refers).	Two	The registered manager has revised policy on recruitment and has contacted the labour relation agency and will arrange to attend training provided by them.	By return of QIP
4	19.3	The registered manager should provide an update on the review of the recruitment and selection policy and procedure which should detail the storage arrangements for the Access NI check. (The follow-up on previous issues refers).	Two	<ol style="list-style-type: none"> 1. Place advertisement in local newspaper and job centre, stating position vacant and qualification needed. 2. The applicants identity is confirmed, two written references linked to the requirements of the job are obtained, one of which is from the applicants present or most recent employer. Any gaps in an employment record are explained and details recorded. Criminal history information at enhanced level is sought from Access Northern Ireland for the preferred candidate. When confirmation has been received from Access Northern Ireland the candidate's certificate will be kept on record for a period of 3 months and a record of their registration number will be 	By return of QIP

				on their application form and the certificate will be disposed off via a shredding machine witnessed by the employee, a template of proof signed and dated by manager and employee.	
5	20.10	The registered manager should develop and implement the regular use of an accident and incident audit template. A copy should be forwarded to the authority. (The follow-up on previous issues refers).	Two	Please see attached.	By return of QIP
6	10.1 10.2	Review and improve the responding to behave that challenge policy and procedure (May 2010) to ensure it reflects DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). Ensure it reflects that the Authority is notified on every occasion restraint is used. Include or develop a procedure of responding to uncharacteristic behaviours.	One	Policy on responding to challenging behaviour, has been revised to ensure that it reflects DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) we shall ensure that the authority and all relevant professional bodies have been informed of any occasion where restraint is used, to include resident's family, resident's GP, residents care manager, Regulation & Quality Improvement Authority	30 July 2014

7	23	Review the staff training matrix to include the registered manager and deputy manager both of whom should be completing all mandatory training and other identified training necessary to fulfil their roles and responsibilities of the job. (10.1 refers).	One	Manager has reviewed the staff training matrix for all staff. Arrangements are to be put in place to allow registered manager and deputy manager to attend training necessary to fulfil their roles and responsibilities of their job.	From the date of the inspection and on-going
8	10.3	When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	One	When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used, the resident's GP, care manager and any other relevant professional bodies must be informed.	30 July 2014
9	6.3	The resident or their representative, where appropriate, sign the care plan along with the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. (10.3 refers).	One	The resident's or their representative, where appropriate, sign the care plan along with the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded in their care plan.	1 August 2014

10	10.5	Confirm what action has been taken to ensure that future training in responding to residents' behaviour or a separate training session is scheduled to include the area of identifying types of restrictive practices in residential care and the management of these within a human rights approach.	One	All care staff have had training responding to challenging behaviour on 1 st May 2014 and further training will be arranged for the later part of the year.	By return of QIP
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11	10.6	Confirm what improvements will be made to ensure that where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the care plan.	One	.Where any incident is managed outside the scope of a resident's care plan, this will be recorded and reported, if appropriate to the resident's representative and to relevant professional bodies or services, This would followed up by multi-disciplinary review of the resident's care plan where necessary.	By return of QIP
12	13.1	Complete a comprehensive social history with all residents with involvement from their relatives where appropriate. This should be kept under review and updated when additional information is learned.	One	A comprehensive social history with resident's involvement and with their relatives where appropriate, this has been reviewed from July 2014 and will be kept under review.	1 August 2014
13	13.2	The registered manager should ensure that a designated staff member is identified on each shift to facilitate the scheduled activity and complete records.	One	The registered manager has now designated a staff member on each shift to facilitate the scheduled activities and to complete and date records.	1 July 2014
14	13.5	The registered manager should review and improve activity equipment available and opportunities for residents to go out locally in small groups.	One	New equipment has been purchased, and resident's are encouraged to attend activities organised locally	1 August 2014

15	13.7 13.8	Improve the record of all activities facilitated by persons contracted in, including the name of the person leading the activity, staff observing, residents participating/observing, and feedback from the facilitator, residents and staff.	One	All activities facilitated by a person contracted in by the home will be required to complete an activity record form along with the designated staff member on duty at the time of the activity.	From the date of the inspection and on-going
16	29	<p>Confirm the date of the most recent fire safety assessment and that action has been taken to address any recommendations.</p> <p>Confirm that all staff have received two fire safety training and one fire evacuation in the last twelve months.</p> <p>Confirm that all weekly and monthly fire safety checks are up to date including the annual PAT test.</p>	One	<p>The most recent fire safety assessment for Haypark Homes Ltd was on 10/06/2014</p> <p>The most recent PAT test was 03/07/2014 and is carried out annually.</p> <p>The next scheduled fire training will be on 18/9/2014</p> <p>Staff have received fire safety training on 16/08/2013 and fire evacuation of the building was 15/07/2014</p> <p>Fire checks are carried out on a monthly basis and records dated and signed.</p>	By return of QIP

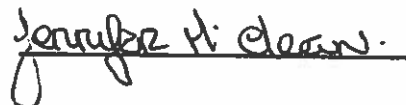
The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: 

NAME: JAMES MCWHARTER
 Registered Provider

DATE 25.07.2014

SIGNED: 

NAME: Manager
 Registered Manager

DATE 25.07.14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider	✓	K Connors	29/7/14

