

Unannounced Other Care Inspection Report 30 November 2017



Haypark

Type of Service: Residential Care Home
Address: 36 Whitehall Parade, Belfast, BT7 3GX
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Inspectors: Kylie Connor and Patricia Galbraith

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 30 places that provides care for residents within the categories of care the home is registered for as described in the table in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Haypark Homes Ltd Responsible Individual: Mr J McWhirter	Registered Manager: Ms Jennifer McClean
Person in charge at the time of inspection: Ms Jennifer McClean	Date manager registered: 1 April 2005
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 registered places: 30 places comprising: 30 – I – Old Age 05 – DE - Dementia 01 – MP/MP (E) - Mental disorder excluding learning disability or dementia / Mental disorder excluding learning disability or dementia – over 65 years (for one individual)

4.0 Inspection summary

An unannounced inspection took place on 30 November 2017 from 11.00 to 16.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

Following receipt of information from the trust and discussion with RQIA management an inspection was undertaken.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the trust as commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were identified to be examined during the inspection:

- a number of areas for improvement identified on the previous QIP
- arrangements for malnutrition and nutritional screening including weight management
- the environment

Residents spoken to commented:

- “It’s (the food) good. If I want anything they (staff) help, they do their best. I can’t complain about the place. I join in (with activities) when I’m in the mood and I’m not in the mood today.”

- “I’m happy here. I am content.”
- “There’s more (activities) going on.”
- “I love the food. They (the staff) are lovely, kind.”
- “Oh yes, I do (have choices regarding lifestyle in the home).”
- “It’s a nice place, always clean.”
- “It’s like a hotel.”
- “It’s (the food) good. I can’t complain about the place.”

Staff spoken to commented:

- “They like all the old music in the afternoon and they get up and dance to the 50s and 60s music.”
- “I read poetry to (a resident) as often as I can.”
- “The standard of care is good. Staff are compassionate.”

Two representatives visiting a resident said that they were very happy with the standard of care delivered to their relative in the home, that staff displayed good attention to detail and went the extra mile. Comments were as follows:

- “This place is great. Staff are amazing.”
- “If there isn’t someone in (doing activities) staff put on the old movies and music that they love. (My relative) loves it here.”

The visiting professional advised the inspectors that this was his first time in the home and discussion took place in regard to the purpose of his visit and findings.

A total of eight areas for improvement were identified following this inspection. Three areas were stated for the second time in regard to the range of risk assessments undertaken, the completion of smoking risk assessments and the programme of activities.

Five areas for improvement were identified during this inspection in regard to: worn stair carpet; displaying the programme of activities; providing training for staff in activity provision and in managing malnutrition and nutritional screening; the record of evaluating and managing malnutrition and nutritional screening and the development of an audit process to improve governance in this area.

In considering the issues in regard to activity provision, the inspector suggests that consideration should be given to identifying a staff member to take the lead role in championing activity provision delivered by staff in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4*	9*

*These totals include five areas for improvement that have been carried forward for review at the next care inspection.

Eight areas for improvement identified at the last care inspection undertaken on 06 September 2017 were reviewed and assessment of compliance confirmed as, five were met, two were partly met and one was not met. The latter three areas for improvement have been stated for a second time on the QIP.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr J McWhirter, responsible individual and Jennifer McClean, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 September 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP and communication received in respect of the home.

During the inspection the inspectors' met with the registered manager, the responsible individual, 12 residents, two care staff, one ancillary staff, one visiting professional and two relatives visiting a resident.

The following records were examined during the inspection:

- four residents' care records
- one staff personnel record
- activity records

The findings of the inspection were provided to the registered manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 06 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20. – (1) (c) (i) Stated: First time	The registered person shall ensure that staff receive appraisal and mandatory training.	Carried forward to the next care 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 will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 20. – (2) Stated: First time	The registered person shall ensure that all staff are appropriately supervised in accordance with standard 24.	
	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 will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Regulation 17. (1) (3) Stated: First time	The registered person shall ensure that an annual quality review report is completed which includes consultation with residents and their representatives.	Carried forward to the next care 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 will be carried forward to the next care inspection.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: First time	The registered person shall ensure that the induction records are retained; the induction record in the identified personnel record should be available for inspection.	Met
	Action taken as confirmed during the inspection: Inspection of the identified induction record confirmed that this had been addressed.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered person shall ensure that a policy and procedure is developed for the supervision and appraisal of staff.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that all recruitment checks are carried out before making an offer of employment. The identified record should be reviewed to ensure that a full employment history is obtained and any gaps explored with explanations recorded.	Met
	Action taken as confirmed during the inspection: Inspection of the identified personnel record and discussion with the registered manager and responsible individual confirmed that this had been addressed.	

<p>Area for improvement 4</p> <p>Ref: Standard 27.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that security measures are operated that restrict unauthorised access to the home to protect residents and their valuables, the premises and their contents.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Met</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p>		<p>The registered person shall ensure that a risk assessment is completed prior to suitable swing free hold open devices linked to the smoke alarm are fitted to the two identified bedroom doors; undertake a review regarding the need for additional hold open devices in the home and action findings.</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of the environment and discussion with the responsible individual and registered manager confirmed that this had been addressed.</p>	<p>Not met</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>		<p>The registered person shall ensure that the range of risk assessments completed regarding the delivery of care or behaviour are reviewed to ensure risks are assessed including areas such as nutrition and manual handling etc.</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of residents' records and discussion with the registered manager confirmed that this had not been addressed. The inspector advised the registered manager and responsible individual that the PHA Nutritional guidelines and menu checklist for residential and nursing homes, 2014 is referred to as best practice guidance regarding the implementation of malnutrition and nutritional screening for all residents.</p>		

	The inspector advised that other best practice guidance is identified and used effectively to assess and manage a range of risks including falls (PHA Falls Prevention Toolkit, January 2013). The inspectors advised that information and/or training in assessment tools for areas identified as requiring risk assessment must be obtained, for example, moving and handling.	
Area for improvement 7 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that smoking risk assessments are improved to include the identification of all risks, hazards and what arrangements and actions are in place to reduce and manage these.	Partially met
	Action taken as confirmed during the inspection: Inspection of care records and discussion with the registered manager and responsible individual confirmed that a risk assessment had been completed of the designated smoking lounge. However, a smoking risk assessment had not been completed for each resident who smokes. This was discussed with the registered individual and registered manager and is re-stated.	
Area for improvement 8 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a care plan for the management of diabetes is completed for anyone diagnosed with this condition.	Met
	Action taken as confirmed during the inspection: Inspection of care records and discussion with staff confirmed that this had been addressed.	

<p>Area for improvement 9</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place no less than quarterly. Records are kept that include: the date of all meetings; the names of those attending; minutes of discussions and any actions agreed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspection of minutes of a recent staff meeting and discussion with the registered manager and responsible individual confirmed that this had been addressed.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspection of activity records and discussion with residents, resident's representatives, staff, the registered manager, responsible individual and observation of a rhythm and movement activity confirmed that some improvements had been made and a plan had been developed to further these improvements. The frequency of planned activities had increased; a number of staff were being recruited and adjustments to duties were planned to enable care staff to engage more often in the provision of scheduled activities with residents; ad hoc activities were taking place more often; staff and management exhibited an improved understanding of and commitment to facilitating activity provision in residents' daily lives.</p>	<p>Partially met</p>

6.3 Inspection findings

Review of a number of areas for improvement identified on the previous QIP

Eight of the 13 areas for improvement identified following the inspection undertaken on 06 September 2017 were reviewed. Five areas for improvement were confirmed as met. These were in regard to the recruitment process and records, hold open devices, staff meetings and care plans for the management of diabetes. Two areas for improvement were partly met and one was not met. The latter three areas for improvement have been stated for a second time on the QIP.

Observation of the environment and discussion with management in regard to activity provision identified that an A4 size poster advertising the rhythm and movement activity was displayed at the entrance of the residents' lounge. The responsible individual stated that a list of dates of scheduled activities had been on display but had recently been taken down to be updated. An area for improvement was identified and action is required to comply with the standards in regard to displaying an activity programme to inform residents and their representatives.

Staff spoke of reading poetry and newspapers to residents, providing nail care, reminiscing and putting on old movies and music that residents particularly loved and having a sing-a-long. Staff stated that whilst some residents readily participated in activities, others preferred to observe activities taking place. Staff stated that some residents participated with encouragement and some residents were reluctant or declined to participate in activities. Staff advised that they continued to invite and encourage everyone while recognising that, as one staff member commented, 'It's their choice'.

Staff had not received training in regard to the provision of activities and evidence identified that the range of activities provided by care staff could be improved. An area for improvement was identified and action is required to comply with the standards in regard to providing care staff with training in activity provision to meet residents' needs, preferences and to achieve positive outcomes.

The responsible individual and registered manager advised that they were reviewing how the resident lounge, the smoking lounge and the dining room could be used more effectively for the benefit of residents and their visitors.

Arrangements for the management of malnutrition and nutritional screening

Discussion with the registered manager, staff and a review of a record book used to record the dates residents' had a bath/shower and residents' weight identified that staff had not attended training in malnutrition and nutritional screening including weight management; staff knowledge in respect of this area was in need of improvement;

the method for recording residents' weight was not person-centred with a small book used that resulted in records being held in a disjointed and ineffective manner. The weight records did not evidence any evaluation of the change in residents' weight or subsequent action taken.

Three areas for improvement were identified and action is required to comply with the standards in regard to reviewing and improving the current method of recording and evaluating residents' weight; providing staff with training in malnutrition and nutritional screening including weight

management and developing an audit tool to improve governance in the effective management of malnutrition and nutritional screening.

The environment

Areas of the home inspected presented as clean and well maintained. Discussion with the responsible person evidenced that the importance of regular maintenance and re-decoration was recognised and that a plan was in place to maintain and improve the environment. A number of hold-open devices had been fitted to bedroom doors and the responsible person stated that, as the need for these were identified, more devices would be fitted immediately.

Carpet on a number of stairs in the fire exit located furthest from the front door were observed to have split at the edge of the stair and presented as a trip hazard. An area for improvement was identified and action is required to comply with the regulations to address this hazard.

Areas of good practice

Good practice was identified in regard to the arrangements in place regarding the management of and improving the environment.

Areas for improvement

Three areas were stated for the second time in regard to the range of risk assessments undertaken in the home, the completion of a smoking risk assessment for individual residents and the programme of activities provided in the home.

Five areas for improvement were identified during this inspection in regard to: worn stair carpet; displaying the programme of activities; providing training for staff in activity provision and in managing malnutrition and nutritional screening; the record of evaluating and managing malnutrition and nutritional screening and the development of an audit process to improve governance in this area.

	Regulations	Standards
Total number of areas for improvement	1	7

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr J McWhirter, responsible individual and Jennifer McClean, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 2 (a) Stated: First time To be completed by: 10 January 2018	<p>The registered person shall ensure that the torn carpet on the identified fire exit stairs is addressed to ensure that the hazard to residents' safety is removed.</p> <p>Response by registered person detailing the actions taken: The rear stairs have been recarpeted</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 5.2 Stated: Second time To be completed by: 15 February 2018	<p>The registered person shall ensure that the range of risk assessments completed regarding the delivery of care or behaviour are reviewed to ensure risks are assessed including areas such as nutrition and manual handling etc.</p> <p>Response by registered person detailing the actions taken: Risk assessments have been implemented and reviewed both for Manual Handling and Nutrition. Staff Nursing Ltd provided a training session on Moving and Handling on 6 December 2017 as previously advised</p>
Area for improvement 2 Ref: Standard 5.2 Stated: Second time To be completed by: 30 January 2018	<p>The registered person shall ensure that smoking risk assessments are improved to include the identification of all risks, hazards and what arrangements and actions are in place to reduce and manage these.</p> <p>Response by registered person detailing the actions taken: Smoking risk assessments have been implemented ,completed and included on each appropriate Resident's file. These assessments are in addition to the smoking room assessments already included in the Policy Manual</p>
Area for improvement 3 Ref: Standard 13.1 Stated: Second time To be completed by: 28 February 2018	<p>The registered person shall ensure that a programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Response by registered person detailing the actions taken: An activities coordinator has been appointed from the Senior Care Staff to create an ongoing programme of activities which is based on the interests and needs of the Residents. The programme is underway and shall be continually assessed and developed</p>

<p>Area for improvement 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 05 January 2018</p>	<p>The registered person shall ensure that 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.</p> <hr/> <p>Response by registered person detailing the actions taken: The programme of activities is displayed on the entrance hallway table beside the visitors book as well as in a prominent position on the library wall. We have set up an internal record book completed by the coordinator which outlines the daily activities within the home</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that training in is provided to staff in line with their roles and responsibilities in regard to:</p> <ul style="list-style-type: none"> • activity provision • managing malnutrition and nutritional screening, including the management of residents' weight. <hr/> <p>Response by registered person detailing the actions taken: Nutrition training has been provided by Staff Nursing Ltd on 22 January 2018 including Malnutrition Screening and individual assessments using MUST as the assessment tool. Staff Nursing Ltd shall provide training for the provision of Activities on 27 February 2018</p>
<p>Area for improvement 6</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2018</p>	<p>The registered person shall ensure that residents' weight is recorded in their individual care record; the recording format evidences evaluation of change and action taken regarding referrals made or advice sought from health care professionals or members of the multi-disciplinary team.</p> <hr/> <p>Response by registered person detailing the actions taken: We have created the MUST assessment tool for the risk assessment programme which includes the recording of the Resident's weight on their individual care plans and have implemented a programme of seeking advice from the appropriate professionals</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2018</p>	<p>The registered person shall ensure that working practices are consistently audited:</p> <ul style="list-style-type: none"> • develop and implement an audit tool to improve governance in the effective management of malnutrition and nutritional screening <hr/> <p>Response by registered person detailing the actions taken: We have created the audit tool in respect of malnutrition and nutritional screening for each Resident and this is placed on their individual care plan</p>

Carried forward regulations and standards

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20. – (1) (c) (i) Stated: First time To be completed by: 31 December 2017	<p>The registered person shall ensure that staff receive appraisal and mandatory training.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>a) Staff appraisal forms have been included in all staff personal files and shall be completed on an annual basis by the Manager and Directors, where applicable, to monitor performance levels with a view to maximising the effectiveness of the member of staff. All new staff shall also be appraised after six weeks and then every three to six months</p> <p>b) The staff mandatory training programme is in place and an overview schedule has been created for easy reference. The revised schedule shall commence wed 2 October 2017 - records of attendance shall be kept on the staff personal files and certification documentation shall be kept on separate category files. This schedule shall be monitored and updated on an ongoing process. This mandatory training programme is provided by Staff Training.</p>
Area for improvement 2 Ref: Regulation 20. – (2) Stated: First time To be completed by: 31 December 2017	<p>The registered person shall ensure that all staff are appropriately supervised in accordance with standard 24.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Managers and Senior members of staff will supervise all new and current staff on an ongoing basis with records kept on their personnel files including appraisal, induction process and training schedules - as per the Home's policy book.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 17. (1) (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2018</p>	<p>The registered person shall ensure that an annual quality review report is completed which includes consultation with residents and their representatives.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>The annual quality review has been instituted and shall include feedback following consultation with the Residents and their representatives.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that a policy and procedure is developed for the supervision and appraisal of staff.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>A policy and procedure has been established for the supervision and appraisal of staff. This includes a Staff Annual Quality Review questionnaire to be completed by all members of staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.6</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>The registered person shall ensure that security measures are operated that restrict unauthorised access to the home to protect residents and their valuables, the premises and their contents.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>We have in place a policy to secure the Residents and their property from unauthorised access and shall continue to monitor and improve this process on an ongoing basis</p>

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



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