

**Announced Estates Inspection  
of  
Haypark**

**12 May 2015**

## 1. Summary of Inspection

An announced estates inspection took place on 12 May 2015 from 10.30 to 12.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by;

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Residential Care Homes Minimum Standards (DHSSPS, 2011)

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	2

The details of the QIP within this report were discussed with Ms Jennifer McClean, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr J. McWhirter and Mrs G. Tindall	<b>Registered Manager:</b> Ms Jennifer McClean
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Jennifer McClean	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> RC-DE, RC-I, RC-MP, RC-MP(E)	<b>Number of Registered Places:</b> 30
<b>Number of Residents Accommodated on Day of Inspection:</b> 29	<b>Weekly Tariff at Time of Inspection:</b> Trust Rates

## 3. Inspection Focus

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

**Standard 27: Premises and Grounds**

**Standard 28: Safe and Healthy working Practices**

**Standard 29: Fire safety**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications over the past 12 months

During the inspection the inspector did not meet with any residents, care staff, visiting professionals or resident's representatives. The inspector spoke with Mr J. McWhirter, Responsible Person for the home.

The following records were examined during the inspection:

- Fire Risk assessment
- Fire Safety service records and in-house log books
- Control of Legionella Risk Assessment & associated records
- Mechanical & Electrical Certificates & associated records
- Service Certificates for the lifting equipment

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced primary finance inspection dated 09 January 2015. The completed QIP was returned and approved by the specialist inspector on 03 March 2015.

Any outstanding areas detailed in this report will be addressed by the finance inspector assigned to the home.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)	Replace the floor finish in WC'F' with a new and suitable slip resistant floor finish.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed during the inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14(2)	Carry out a review of the current Legionella risk assessment (13 December 2009). It is essential that the responsible person is fully aware of the written scheme and control measures flowing from this assessment and that they are fully implemented and maintained, with appropriate records available for inspection within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed during the inspection. The most recent risk assessment was undertaken on 21 October 2011.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14(2)	Ensure that all Gas Appliances and associated pipework within the home have a valid (within last 12 months) Gas Safe inspection certificate, confirming that each appliance is safe to use. On the day of the inspection there was no such certificate for the Kitchen gas appliances.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed during the inspection. The most recent inspection was undertaken on 08 May 2015.	

<b>Requirement 4</b>  <b>Ref:</b> Regulation 27(4)	It is essential that the action plan flowing from the recently reviewed fire risk assessment is fully implemented within the stipulated timescales and signed off accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed during the inspection.	
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27(4)	Ensure that the emergency lighting installation is serviced and maintained in accordance with BS5266 'Part 8: Emergency escape lighting systems' respectively. Records of all such servicing and testing must be maintained and be available for inspection within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed as part of the inspection process.	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 28	Consideration should be given to the replacement of the unused bath in Bathroom 'H' which is no longer fit for purpose, with a suitable shower / wet room facility which could be used by current residents.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Whilst the unused bath has been removed, a new shower room has not yet been provided. Reference should be made to section 5.3 in the report.	

### 5.3 Standard 27: Premises and Grounds Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care. One issue was however restated from the previous estates inspection which requires further attention. This is detailed in the 'areas for improvement' section below.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

#### Areas for Improvement

It is good to note that the unused bath and associated dead-leg pipework has been removed from Bathroom 'H' on the top floor of the home. However, the provision of a suitable shower/wet room has not yet been progressed. This work should be completed in a timely manner.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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### 5.4 Standard 28: Safe and Healthy Working Practices

#### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

## Areas for Improvement

The most recent available inspection of the premises fixed electrical installation was carried out on 01 February 2010. As this now exceeds the five year maximum period during which time a further inspection should be undertaken, it is essential that the home progress this inspection in a timely manner. Confirmation should therefore be provided to RQIA upon completion of this inspection highlighting that any required remedial works have been completed and that the installation is deemed to be in a 'satisfactory' condition.

The current risk assessment with regards to the control of legionella bacteria in the premises hot and cold water systems was undertaken on the 21 October 2011. This risk assessment is now overdue for review. It is essential that this review takes on board the new requirements and recommendations outlined in the current Health and Safety Executive, approved code of practice and the specific guidance now provided for care homes. This guidance is freely available from the following web-link.

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

Confirmation should be provided to RQIA that this risk assessment is in place and that all control measures required, have been suitably explained, implemented and are being suitably maintained at the required intervals. Suitable records should also be maintained and be available for inspection within the home.

During the inspection several windows were found not to be securely restricted. It is essential that necessary checks are undertaken on a regular basis to ensure that all windows within the home are suitably controlled to a safe point of opening of no more than 100mm and cannot be overridden by residents. Suitable records should be maintained and be available for inspection within the home.

It is recommended that a regular function check of the premises nurse call system is implemented. This will help to ensure that the system remains fully functional and any faults can be ascertained and rectified in a timely manner. Again, records should be maintained and be available for inspection within the home.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.5 Standard 29: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

### Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately

trained staff. This standard has been referenced in the fire risk assessment which has been undertaken by a suitably accredited assessor. This supports the delivery of effective care.

### **Is Care Compassionate? (Quality of Care)**

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

### **Areas for Improvement**

No issues were identified for attention by the registered manager as a result of this Estates inspection. This is to be commended.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.6 Additional Areas Examined**

No additional areas were examined during this inspection.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jennifer McClean, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

### **6.2 Recommendations**

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



### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

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


## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 7 July 2015	<i>Provide confirmation that the required inspection to the premises fixed electrical installation has been undertaken, that any required remedial works have been completed, and that the installation is deemed to be in a 'satisfactory' condition.</i>  <b>Response by Registered Manager Detailing the Actions Taken:</b> Electrical installation has been undertaken and is complete.
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14(2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 7 July 2015	<i>Provide confirmation to RQIA that a current, fully implemented risk assessment is in place with regards to the control of legionella bacteria in the premises hot and cold water systems. (Suitable records should be maintained and be available for inspection within the home).</i>  <b>Response by Registered Manager Detailing the Actions Taken:</b> A fully implemented risk assessment with regards to the control of legionella bacteria in the premises hot and cold water systems. Risk assessment completed 09/06/2015.
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14(2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 7 July 2015	<i>Ensure that necessary checks are undertaken on a regular basis to confirm that all windows within the home are suitably controlled to a safe point of opening of no more than 100mm and cannot be overridden by residents. (Suitable records should be maintained and be available for inspection within the home).</i>  <b>Response by Registered Manager Detailing the Actions Taken:</b> Windows within the home are controlled to a safe opening of 100mm and records maintained for inspection.

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> Second time  <b>To be Completed by:</b> 30 September 2015	<i>Ensure that the provision of a suitable shower/wet room in Bathroom 'H' is carried through to completion in a timely manner. Provide confirmation when this work has been completed.</i>  <b>Response by Registered Manager Detailing the Actions Taken:</b> We have provided alternate suitable shower /bath facilities to accommodate the residents.
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<b>Recommendation 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	Implement a regular function check of the premises nurse call system. This will help to ensure that the system remains fully functional and that any faults are identified and rectified in a timely manner. (Suitable records should be maintained and be available for inspection within the home).		
<b>To be Completed by:</b> 7 July 2015	<b>Response by Registered Manager Detailing the Actions Taken:</b> Regular function checks of the nurse call system and records are maintained any faults identified and rectified.		
<b>Registered Manager Completing QIP</b>	Jennifer Mc Clean	<b>Date Completed</b>	06/07/2015
<b>Registered Person Approving QIP</b>	Jim Mc Whirter	<b>Date Approved</b>	06/07/2015
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	22/9/2015

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**