

Announced Premises Inspection Report 15 December 2017



Haypark

Type of service: Residential Care Home
Address: 36 Whitehall Parade, Belfast, BT7 3GX
Tel No: 02890641784
Inspector: Gavin Doherty

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 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 beds 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(s): J McWhirter	Registered Manager: Jennifer McClean
Person in charge at the time of inspection: Jennifer McClean	Date manager registered: 1 April 1993
Categories of care: RC-DE, RC-I, RC-MP, RC-MP(E)	Number of registered places: 30

4.0 Inspection summary

An announced inspection took place on 15 December 2017 from 10.00 to 12:30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to ongoing planned preventative maintenance within the home and improved levels of decoration and personalisation within the residents' bedrooms.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jennifer McClean, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent unannounced care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 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:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- legionellae risk assessment
- fire risk assessment

During the inspection we met with Mr Jim McWhirter, responsible individual, Ms Jennifer McClean, registered manager and Mr Dessie Smyth, maintenance person for the premises.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 September 2017

The most recent inspection of the service was an unannounced care inspection. The areas for improvement made as a result of this inspection will be assessed by the care inspector at their next inspection.

6.2 Review of areas for improvement from the last premises inspection on 12 May 2015

Areas for improvement from the last premises inspection on 12 May 2015		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this was completed at the time of inspection.	
Area for improvement 2 Ref: Regulation 14(2) Stated: First time	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).	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a current risk assessment was available and up to date at the time of inspection.	
Area for improvement 3 Ref: Regulation 14(2) Stated: First time	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).	Met
	Action taken as confirmed during the inspection: Inspector confirmed that controls are in place at the time of inspection. Further detail is included in section 6.4.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Works confirmed as completed at the time of inspection.	
Area for improvement 2 Ref: Standard 28 Stated: 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).	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this was in place at the time of inspection.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that are intended to help them.

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

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff.

This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, supervision and appraisal. The Home’s maintenance person recently completed a training course in relation to the control of legionella bacteria in hot and cold water systems. They have subsequently been able to amend their monitoring regime and record keeping to meet these latest standards and best practice guidance. This is to be commended.

Areas for improvement

At the time of the inspection two windows were found to be inadequately restricted. These were highlighted to the home’s maintenance person who took immediate action to ensure that new robust window restrictors were obtained and fitted within hours of being informed.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of medicine incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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