The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Haypark**

Provider: **Haypark Homes Ltd**

Date of Inspection: **9 January 2025 & 14 January 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Haypark Homes Ltd
Responsible Person:	Mrs Sarah Reid
Registered Manager:	Mrs Jennifer McClean **Date registered:** 1 April 2005
Service Profile: The home is a registered residential care home which provides health and social care for up to 30 residents. Residents have a range of needs including dementia, old age not falling within any other category, and mental health conditions. The home is divided over three floors and includes a communal lounge, dining room, bathrooms and resident's bedrooms. The home provides shared and single bedroom facilities. Residents also have access to an outside area.	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2025, from 10.15am to 4.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection on 24 September 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to audit, disposal of medicines, action to be taken when an error is identified, medicine administration, storage, new admissions and care plans for the management of distressed reactions and pain. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Improvements in the systems in place for the management of medicines were observed. Medicines were stored securely at the appropriate temperature. Medicine records were generally well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered the majority of their medicines as prescribed. However, the areas for improvement in relation to care plans for distressed reactions and pain and action taken when a medication error is identified are stated for a second time. Two new areas for improvement were identified in relation to hand written medicine administration records and the management of controlled drugs.

Details of the inspection findings, including areas for improvement stated for a second time and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed.

An unannounced inspection took place on 14 January 2025, from 9.15 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents told us they were happy with the care and services provided in the home. Residents were relaxed and there was a calm atmosphere in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

However; as a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns Meeting was held on 27 January 2025 to discuss concerns relating to residents' care plans, risk management and management oversight and governance. Details can be found in the main body of this report. RQIA accepted the action plan completed by the provider, which detailed the actions they had taken or intended to take to ensure the minimum improvements necessary, in order to achieve compliance with the regulations identified during the inspection.

One area for improvement from the previous care inspection on 18 July 2024 was assessed as having been addressed by the provider. Two areas for improvement were not met and will be stated again. One area for improvement in relation to residents' care plans will be carried forward to allow the provider more time to embed the new care record system. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are very kind to me", "staff are great" and "you couldn't ask for better".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One visiting professional told us that there were good working relationships between their team and the staff. They said that communication is excellent and staff are knowledgeable about the needs of residents.

Eight questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

A review of the care staff registrations with the Northern Ireland Social Care Council (NISCC) identified that the system in place to monitor staff registrations was inadequate. Staff members' current registration status was unclear from the records provided. An area for improvement has been identified.

The staff training matrix had not been kept up to date therefore, RQIA were unable to confirm that staff working in the home had received the relevant training commensurate with their role and function within the home. An area for improvement has been identified.

A review of staff appraisals highlighted that two had not been completed since 2023. For the remainder of the staff team, they were due for review in January 2025, however there was no evidence that a plan to complete them had been arranged. An area for improvement has been identified.

Residents said that there was enough staff on duty to help them. Staff said there was mostly good teamwork and that they felt well supported in their role and that they were satisfied with staffing levels in the home.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The management of residents' foot care had been a concern at the inspection on 27 April 2024; an area for improvement was identified and the home arranged at the time for podiatry to attend. However, during this inspection concerns were again identified with the provision of foot care. In one care record there was no podiatry information recorded. Review of a further two records evidenced that the residents were last attended to in August 2024. The lack of evidence of a system in place to ensure residents receive regular foot care is concerning and highlights that previous improvements made have not been sustained. An area for improvement has been identified.

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

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

On the day of inspection, the planned activity was the hairdresser who attended to a small number of residents who wished to have their hair done. The activity planner was on display in the dining room; however this was not up to date. An area for improvement has been identified.

3.3.3 Management of Care Records

Review of residents' care records identified concerns in relation to the development, review and update of care plans to ensure they reflected the residents' current care needs. For example; one resident had a care plan in place for skin care that was no longer required yet staff had not updated/reviewed it with this information. The care plan for a resident requiring a modified diet had not been updated to reflect changes required following a recent assessment by the Speech and Language Team (SALT), potentially misinforming staff and placing the resident at risk of receiving the wrong diet. Another resident who had district nurse involvement for a skin condition, had no care plan in place to direct care staff on how to manage this aspect of care.

The manager explained that a new system to standardise the care records was being introduced. Whilst some improvement was noted with care plans for residents who were required Deprivation of Liberty safeguards (DOLs), it was apparent that more time was required to fully embed this new system into practice. This was discussed at the meeting with the provider on 27 January 2025 and it was agreed that the migration of the new care record system would be completed by 31 March 2025 with written confirmation shared with RQIA. Therefore, the previous area for improvement will be carried forward for review at a future inspection.

In addition to care plans, residents' falls and skin care risk assessments were incomplete and not always updated. An area for improvement has been stated for a third time.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Some concerns were identified regarding environmental risk management. For example; the laundry room was unlocked, despite a keypad lock being in place. Cleaning products, including two large containers of bleach, were potentially accessible to residents placing them at potential risk of harm. Six oxygen tanks were being inappropriately stored in a bedroom. These had not been secured to the wall as required and there was no signage to advise staff and visitors that oxygen was in use. An area for improvement has been stated for a third time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jennifer McClean has been the manager of Haypark since April 2005.

Completed monthly monitoring visits primarily focused on the action plan identified following the RQIA medicines management inspection on 24 September 2024. Whilst this is good practice, the reports were not effective in providing assurances as to the overall quality of service delivery and in driving the necessary improvements in the home. This was discussed with the management team and will be reviewed at a future inspection.

3.3.6 Management of medicines

Care plans for distressed reactions and pain management

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication record. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. Records of administration included the reason for and outcome of each administration. Following the previous inspection care plans had been updated. However, some care plans did not contain sufficient detail to direct staff and one care plan was not up to date with the most recent prescription. These findings indicate that care plans were not regularly reviewed.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Following the previous inspection care plans had been updated. However, one care plan was not up to date with the most recent prescription.

An area for improvement was stated for a second time.

Storage and disposal of medicines

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage areas was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

Satisfactory arrangements were in place for the safe disposal of medicines. Staff advised that medicines were returned to the community pharmacy in a timely manner. There were no medicines awaiting disposal in the home on the day of the inspection.

Management of medicines on admission/re-admission to the home

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

Staff training

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

Following the last inspection staff had received further training provided by the community pharmacist and competency assessments had been completed. Records were available to show that staff responsible for medicines management had been trained and deemed competent. The manager advised that only trained staff administer medicines.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing and sustained improvement.

Governance and audit

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. In addition, the responsible person reviewed the management of medication as part of their Regulation 29 visits.

It was agreed that the current level of audit activity would be continued to ensure that the improvements noted at this inspection are sustained and that the new and restated areas for improvement are addressed.

It is important that there are systems in place which quickly identify that a medicine incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There has been no medicine related incidents reported to RQIA since the last medicines management inspection. The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, the manager was requested to investigate apparent discrepancies in the administration of two medicines. The initial investigation for one discrepancy was not satisfactory. Appropriate action had not been taken to identify learning from the incident and hence no actions had been taken to prevent a recurrence. A further investigation was requested and an incident report was submitted to RQIA on 16 January 2025. An area for improvement was stated for a second time.

Other areas reviewed

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicine administration records was reviewed. The records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review. The home now uses pre-printed medication administration records. Handwritten updates on the medicine administration records were not signed and verified as accurate by two trained members of staff. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. An audit of controlled drugs identified that whilst these medicines were administered as prescribed, there were several missing entries in the controlled drug record book. The controlled drug record book must be accurately maintained. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	8*

* the total number of areas for improvement includes one regulation that has been stated for a third time, one regulation that has been stated for a second time and one regulation carried forward for review at the next inspection. It also includes, one standard that has been stated for a third time and one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** Third time **To be completed by:** 14 January 2025	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard. This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals and medicines. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The registered manager has changed the key coded lock to ensure the door of the laudry cannot be put on a snib and will

	automatically close. Staff have been made aware that chemicals and medicines are securely locked away and residents are safe from any risks or hazards.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 9 January 2025	The registered person shall ensure that staff have knowledge of the home's policies and procedures so that appropriate action is taken when a medication error is identified. Ref: 2.0 & 3.3
	Response by registered person detailing the actions taken: All staff are aware of the medication polices and have read and signed each policy. The registered manager continues to carry out regular unannounced aduits in which observations of medication procedures are followed. Staff have been encouraged to speak with the manager if they are unsure of any medication issues or if they feel hey need more training.
Area for improvement 3 **Ref:** Regulation 20 (1) (c) **Stated:** First time **To be completed by:** 1 February 2025	The registered person shall ensure there is a robust system in place to monitor staff member's compliance with NISCC registration. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has access to the NISCC register and is able to monitor staff members compliance of their registration.
Area for improvement 4 **Ref:** Regulation 16 (1) 2 (b) **Stated:** Third time **To be completed by:** 27 April 2023	The registered person shall ensure that the written care plan is prepared in consultation with the resident as to how the residents needs are to be met, and that they plan is kept under regular review. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** Third time **To be completed by:** 31 March 2025	The registered person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review for the residents. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: New residents care plans have been revampted to be more personal to each resident this process will be ongoing The manager has implemented risk assessments for all person-

	centred risks and updated in care plan.The risk assessments are evaluated monthly or as needed in line with the residents care plan.
Area for improvement 2 **Ref:** Standard 10.3 **Stated:** Second time **To be completed by:** Immediate and ongoing (9 January 2025)	The registered person shall ensure that person centred care records contain sufficient detail to direct care for residents prescribed medicines for the management of distressed reactions and pain. Ref: 2.0 & 3.3
	Response by registered person detailing the actions taken: The registered person has updated new care plans for each resident who are prescribed distressed reaction medication. The registered manager has implemented a new template in the CPR which details techniques used before administering distressed reaction medication also dates times and outcome of administration of medication
Area for improvement 3 **Ref:** Standard 23.6 **Stated:** First time **To be completed by:** 1 February 2025	The registered person shall ensure that an accurate and up to date record is kept in the home of all training undertaken by staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: All manatory is undertaken as required and is kept up to date.
Area for improvement 4 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 1 March 2025	The registered person shall ensure there is a system in place for staff to receive a recorded annual appraisal with their line manager. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has completed annual staff appraisals for all staff a new file in place for continued annual appraisals. The registered manager will audit monthly and maintain records.
Area for improvement 5 **Ref:** Standard 9.5 **Stated:** First time **To be completed by:** 1 March 2025	The registered person shall ensure there is a clear system in place to monitor the frequency of resident's podiatry needs and records must be maintained. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager has implemented a new file documenting residents podiatry appointments and next due dates including any actons needed. This information will then be added to the residents care plan.

Area for improvement 6 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 1 March 2025	The registered person shall ensure that an accurate and up to date record of activities is maintained. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager has recruited a new activity co-ordinator who has implemented an activity weekly planner which will be displayed on the notice board.
Area for improvement 7 **Ref:** Standard 29 **Stated:** First time **To be completed by:** Immediate and ongoing (9 January 2025)	The registered person shall ensure that handwritten medicine administration records are signed and verified as accurate by two trained members of staff. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has verbally spoken to staff who adminster medication relaying proper procedure when documenting medication information unannounced medication audits will be carried out by deputy manager and registered manager.
Area for improvement 8 **Ref:** Standard 31 **Stated:** First time **To be completed by:** Immediate and ongoing (9 January 2025)	The registered person shall ensure that administration of controlled drugs is recorded in the controlled drugs record book. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager and deputy manager carry out regluar unannounced audits which includes auditing the controlled drug book records making sure staff have the followed RQIA guidlelines in admininistering and documenting controlled drugs.

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The Regulation and Quality Improvement Authority

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