

Inspection Report

Name of Service: Haypark
Provider: Haypark Homes Ltd
Date of Inspection: 24 September 2024

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

1.0 Service information

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| Organisation/Registered Provider: | Haypark Homes Ltd |
| Responsible Individual: | Mr J McWhirter (on the day of inspection) Ms Sarah Reid (from 27 September 2024) |
| Registered Manager: | Ms Jennifer McClean |
| Service Profile | |
| Haypark is a residential care home registered to provide health and social care for up to 25 residents. The home is divided over three floors. Residents have access to communal lounges, a dining room and outside space. | |

2.0 Inspection summary

An unannounced inspection took place on 24 September 2024, from 10.00am to 2.30pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

During the inspection concerns were identified regarding the governance and managerial oversight in the home. It was evident safe arrangements for the management of medicines were not in place. The medicine audit process had not been effective in identifying the issues raised at the inspection and it was evident that staff were not following the home's policy and procedures with respect to medicines management.

One of the areas for improvement identified at the last care inspection was assessed as not met and is stated for a second time. The remaining areas for improvement identified at the last care inspection will be reviewed at the next inspection. 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 4.0.

Enforcement action resulted from the findings of this inspection. The responsible individual and manager were invited to attend a serious concerns meeting with RQIA on 11 October 2024 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the responsible individual, manager and deputy manager discussed their action plan. They provided an update on the actions (completed and planned) to ensure the improvements necessary to achieve full compliance with the relevant regulations and standards. The responsible individual agreed that the action plan would be further developed. A copy of

the revised action plan was forwarded to RQIA on 25 October 2024. RQIA accepted the revised action plan and assurances provided by the management team.

RQIA will continue to monitor and review the quality of service provided in Haypark and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to further enforcement action.

RQIA would like to thank the management and staff for their assistance during the inspection.

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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

The inspection was completed by reviewing a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines, to evidence how the home is performing in relation to the regulations and standards. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with residents, their relatives or visitors and staff to obtain their opinions on the quality of the care and support, their experiences of living, visiting or working in this home.

The inspectors spoke with staff and management to seek their views of working in the home.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the majority of the personal medication records when they were written and updated to confirm that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription. This is good practice. However, as detailed in Section 3.3.4 improvements in the management of medicines on admission to the home are necessary.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care records 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. Records of administration included the reason for and outcome of each administration. However, care records containing sufficient detail to direct care were not in place.

The management of pain was reviewed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. However, care records were not in place to direct care.

Person centred care records should contain sufficient detail to direct care for residents prescribed medicines for the management of distressed reactions and pain. An area for improvement was identified.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

With the exception of the medicine refrigerator, 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 area was not monitored and recorded to ensure that medicines were stored appropriately. An area for improvement was identified.

The medicine refrigerator was unlocked. Following the inspection, the manager advised that a new refrigerator had been obtained and provided an assurance that this would be locked and the key held by the person in charge. Assurances were provided at the serious concerns meeting that the temperature of the refrigerator would be monitored each day and corrective action taken when necessary.

A number of medicines awaiting disposal were not stored securely. Staff were unclear regarding the action to be taken if a medicine requires disposal. Medicines awaiting collection for disposal should be stored securely to prevent unauthorised access. An area for improvement was identified.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

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 medicines administration records was reviewed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. Some medicines had been omitted but recorded as administered. Staff had not informed the manager that the medicines had been omitted so that action could be taken immediately in order to prevent a recurrence. Staff were unclear on the appropriate action to take when they identified an error in the administration of medicines. An area for improvement was identified and an area for improvement regarding staff training was stated for a second time. See Section 3.3.6 and Section 4.0

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. There were satisfactory arrangements in place for the management of controlled drugs.

The audits completed by management and staff had not identified the issues identified at this inspection. In addition, staff had not escalated discrepancies in the administration of medicines to the management team for investigation. The manager should implement a robust audit system which covers all aspects of the management of medicines including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. If staff identify a discrepancy in the administration of medicines appropriate action must be taken. An area for improvement was identified.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

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 not in place to manage medicines at the time of admission. For one resident written confirmation of prescribed medicines had not been obtained at or prior to admission and a second trained member of staff had not checked and signed the personal medication record to verify that it was accurate. An area for improvement was identified.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

One medicine related incident has been reported to RQIA since the last medicines inspection. The findings of this inspection indicate that the auditing system is not robust and medication incidents may not be identified. In addition, staff had not taken appropriate action when they identified errors in the administration of medicines. A robust audit system, which covers all aspects of medicines is necessary, to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. See Section 3.3.3.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a number of medicines. The audits were discussed in detail with staff and the manager for investigation, reporting and on-going close vigilance.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. However, the inspection findings suggest that this training has been ineffective. An area for improvement has been restated in relation to medicines being safely administered to residents by a competent and capable staff member. See Section 3.3.3 and Section 4.0.

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

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 |
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| Total number of Areas for Improvement | 5* | 5* |

* the total number of areas for improvement includes one that has been stated for a second time and three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer McClean, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (24 September 2024)</p> | <p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 3.3.3 & 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Robust audit system is in place which covers all aspects of the management of medicines, which include those identified at the inspection. Shortfalls which have been identified and actioned.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (24 September 2024)</p> | <p>The registered person shall ensure that staff have knowledge of the home's policies and procedures so that appropriate action is taken when a medicine requires disposal.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: All senior staff members have had reviewed competency training in the managing of medicines and training provided by our pharmacist, medication policies and procedures have been reviewed and staff have read all policies and procedures signed and dated.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (24 September 2024)</p> | <p>The registered person shall ensure that staff have knowledge of the homes policies and procedures so that appropriate action is taken when a medication error is identified.</p> <p>Ref: 3.3.3 & 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: All senior staff have been made aware of their responsibilities how to action when a medication error has been identified.</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) 2 (b)</p> <p>Stated: Third time</p> <p>To be completed by: 27 April 2023</p> | <p>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 this plan is kept under regular review.</p> <hr/> <p>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.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 8 April 2024</p> | <p>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.</p> <p>This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals and medicines.</p> <p>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.</p> |
| <p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 33</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing (24 September 2024)</p> | <p>The registered person shall ensure that medicines are safely administered to residents at all times, by a competent and capable staff member.</p> <p>Ref: 2.0, 3.3.3 & 3.3.6</p> <p>Response by registered person detailing the actions taken: Only senior's and trained competent members of staff are responsible for administering medication.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 10.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (24 September 2024)</p> | <p>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.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All residents care plans contain sufficient details to direct care prescribed medicines for the management of distressed reactions and pain.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (24 September 2024)</p> | <p>The registered person shall ensure that the temperature of the medicine storage area is monitored and recorded daily to ensure that medicines are stored appropriately.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The home has purchased new themometers for the medication storage cupboard and medicine fridge daily records are recorded staff aware of any issues to report and action.</p> |

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| <p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (24 September 2024)</p> | <p>The registered person shall ensure that a written confirmation of medicines is obtained from the prescriber at or prior to admission and that the personal medication record is checked and signed by two trained members of staff to verify that it is accurate.</p> <p>Ref: 3.3.4</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 18 July 2024</p> | <p>The registered person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review for the residents.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |

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