

# Inspection Report

**Name of Service:** Haypark  
**Provider:** Haypark Homes Ltd  
**Date of Inspection:** 25 July 2025

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

## 1.0 Service information

<b>Organisation:</b>	Haypark Homes Ltd
<b>Responsible Individual:</b>	Mrs Sarah Reid
<b>Registered Manager:</b>	Mrs Jennifer McClean
<p><b>Service Profile:</b></p> <p>This home is a registered Residential Care Home which provides health and social care for up to 30 residents. The home provides care for up to five residents living with dementia, for those needing general residential care and for one named resident over the age of 65 with a mental health diagnosis.</p> <p>The home is divided over three floors and includes communal lounges, dining room, bathrooms and resident's bedrooms. The home provides shared and single bedroom facilities.</p> <p>Residents also have access to an outside area.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 25 July 2025, from 09.05 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection eight areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Four areas for improvement relating to medicines management were not assessed and these will be reviewed at a future 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.

### **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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Resident's comments included "staff are lovely, even when they are busy they try their hardest to help", "staff are kind to me" and "the staff do a great job".

One resident's comments about food provision in the home was shared with the management team for their review and action.

Some residents told us that the shower facilities in the home were not always working, this was highlighted to management during the inspection and assurances were provided on the day of inspection that all showers were working as required.

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.

No questionnaire responses were received following the inspection.

## 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. There was evidence of robust systems in place to manage staffing.

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

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

A review of the staff Northern Ireland Social Care Council (NISCC) registration matrix highlighted that some staff names had been duplicated. Advice was provided to the manager to review the current system to ensure accuracy. This will be reviewed at a future inspection.

The staff duty rota highlighted that it had not been updated with a change to staff who were due on shift on the day of inspection, therefore it was not a true reflection of the staff working in the home. Also, the duty rota was not always in keeping with best practice guidance, for example; where changes had been made they were not always legible. An area for improvement has been identified.

### 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.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 appeared appetising and nutritious. However, discussion with staff about one resident's dietary needs highlighted that the staff member was not clear on the specific Speech and Language Assessment (SALT) details. An area for improvement has been identified.

It was also noted that some staff were not wearing the necessary Personal and Protective Equipment (PPE) during the lunch time meal. An area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

Observations identified concerns with environmental risk management. For example, a cleaning trolley was left unattended in a residents' bedroom, with access to cleaning chemicals. This was brought to the attention of staff immediately who addressed it at the time of inspection. An area for improvement has been identified.

It was also noted that in a number of resident's bedrooms there was access to prescribed topical lotions which should be stored safely. An area for improvement has been identified.

It was also identified in one communal bathroom that resident's personal hygiene products such as shower gel and topical lotions were available for communal use and had the potential to be shared. An area for improvement has been identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 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.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, a review of these records highlighted that the views of relatives and/or residents representatives had not been consistently sought. An area for improvement has been identified.

A concern was identified regarding the needs of a resident within the home. The manager should ensure that the assessment of resident's needs is kept under review to ensure that residents are placed in an appropriate care setting according to their assessed need; and also to ensure that the home operates in accordance with its Statement of Purpose. This was discussed with the manager who agreed to discuss this concern with the relevant Trust representatives. Assurances were provided post inspection to RQIA that a plan had been agreed with the Trust. An area for improvement has been identified.

A review of the complaints records highlighted that no complaints had been recorded since the last care inspection. A review of the compliments records highlighted that details such as date, staff name and manager signature had not been recorded. This was discussed with the management team and advice provided to review and update accordingly. This will be reviewed at a future inspection.

#### 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
<b>Total number of Areas for Improvement</b>	4*	8*

\* the total number of areas for improvement includes one regulation and three standards which are carried forward for review at the next inspection.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 14 January 2025</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 medication error is identified.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2025</p>	<p>The Registered Person shall ensure that the cleaning trolley is supervised at all times when in use. If the trolley is not in use it should be stored securely to minimise any risk to residents in the home.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has spoke to the employee who left the cleaning trolley unattended he has assured me the trolley will be locked securely when not in use.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2025</p>	<p>The Registered Person shall ensure that the monthly monitoring visits include the views of relatives and/or residents representatives.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly monitoring visit shall include residents, family representatives and detailing their views and opinions</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (1) (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2025</p>	<p>The Registered Person shall ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home.</p> <p>Ref: 3.3.5</p>

	<p><b>Response by registered person detailing the actions taken:</b> The registered manager has actioned and reviewed the statement of purpose along with registration being amended and awaiting approval from RQIA</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 10.3  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing (9 January 2025)</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: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (9 January 2025)</p>	<p>The Registered Person shall ensure that handwritten medicine administration records are signed and verified as accurate by two trained members of staff.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (9 January 2025)</p>	<p>The Registered Person shall ensure that administration of controlled drugs is recorded in the controlled drugs record book.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2025</p>	<p>The Registered Person shall ensure that changes are made to the rota in a timely way to ensure an accurate record is maintained of staff working in the home. The rota must be legible and maintained as per good record keeping principles.</p> <p>Ref: 3.3.1</p>

	<p><b>Response by registered person detailing the actions taken:</b> Registered manager can ensure that all changes to the rota are accurate and the rota is legible.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2025</p>	<p>The Registered Person shall ensure that staff are aware of the details of residents modified diets as per the residents Speech and Language Therapy (SALT) assessment and the residents care plan.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have received training and are fully aware of which residents are referred to SALT.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2025</p>	<p>The Registered Person shall ensure that all staff wear the correct Personal and Protective Equipment (PPE) during meal times in the home.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff are aware that they must have their (PPE) during serving meals in the home.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2025</p>	<p>The Registered Person shall ensure that all topical lotions are stored safely and securely in the home.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All topical lotions are locked in the medication cupboard and are taken by staff to residents to have them applied by the care staff and returned to the medication room and locked.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2025</p>	<p>The Registered Person shall ensure individual residents toiletries are managed and stored appropriately, not for communal use.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Individual toiletries are stored in residents rooms.</p>

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews