The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Haypark

Provider: Haypark Homes Ltd

Date of Inspection: 10 March 2026

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 Individual:	Mrs Sarah Reid
Registered Manager:	Ms Jennifer McClean
Service Profile: Haypark is a residential care home registered to provide health and social care for up to 30 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 care inspection took place on 10 March 2026, from 9.30 am to 4.00 pm by two care inspectors.

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 25 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

The inspection established that care was delivered in a compassionate manner. However, a number of areas for improvement have been identified in relation to the effectiveness and oversight of the care delivery, risk management of the environment, fire safety and the dining experience. These areas for improvement had been highlighted at previous care inspections and RQIA are concerned that improvements are not being consistently sustained in the home.

Assurances were requested post-inspection from the registered provider for the home, that actions have been taken and these will be monitored effectively moving forward. RQIA received written confirmation of actions taken by the registered provider and this will be reviewed at a future inspection.

As a result of this inspection five areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Three areas for improvement were not met and will be stated for a second time. 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 residents, 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 very friendly", "staff are very helpful" and "the staff are very considerate". Residents also told us that night staff were very attentive. Some resident's comments about food provision in the home were shared with the management team for their review and action.

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 questionnaires were received from residents', relatives or visitors. No responses were received from the staff online survey.

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.

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

Discussion with staff on duty confirmed that before commencing work in the home, they had an induction. However, a review of records evidenced that inductions for staff were not fully completed or robust. For example, gaps were noted throughout the induction records and signatures, to evidence completion, were missing. An area for improvement has been identified.

A review of the staff training matrix highlighted that a number of staff were over-due twice yearly fire safety training. This was discussed with the management team who confirmed that the training had been arranged and was due for completion later that week. This will be reviewed at a future inspection.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially changes to care, to assist them in their caring roles.

The atmosphere in the home was calm and relaxed. Residents chose to spend their day either in the lounges or their bedrooms if this was their preferred choice.

Whilst we observed some positive interactions between residents and staff, it was noted that there was a lack of consideration given to the location of the hairdressing activity in the home. This activity had been set up in the main lounge and it was evident that the noise of the hairdryer and the busy environment impacted upon residents choice to watch TV and/or relax with other residents. It was also noted that interactions between staff and residents during this time were neutral and task orientated in nature. This was discussed with the management team for their review and action.

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 dining room identified a number of concerns. There was limited oversight of the mealtime experience, for example; there were no care staff available for the beginning of the meal to support kitchen staff in order to ensure smooth running of the lunchtime meal or to complete a safety pause. It was noted that two residents were sitting next to each other when there were records available to direct staff that compatibility and safeguarding concerns had been identified, and to keep both residents safe, they should be separated. Staff had prepared pots of tea and deserts prior to the meal

beginning, the tea was served at the end of the meal, raising a concern about the temperature of the tea and the deserts had not been covered to ensure safe food hygiene requirements. Overall, the dining experience was task orientated and lacked effective staff oversight. In addition to this, there was a lack of social atmosphere in the room for residents to enjoy. The mealtime experience has been a concern in this home during previous inspections and it was evident that previous areas for improvement are not being sustained. This was discussed with the management team who agreed to carry out a review of the dining experience. Two areas for improvement have been identified.

It was noted that kitchen staff provided a resident, who we had been informed required a modified diet with a meal that had not been modified. Concerns were identified that staff were not clear on the specific Speech and Language Assessment (SALT) details. An area for improvement has been stated for a second time.

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 mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, some inconsistencies were noted in care records regarding the management of falls risk and ensuring that when a residents dietary needs change, older information is removed from the main body of the care plan to reduce the risk of residents' receiving the incorrect diet. This was discussed with the management team for their review and action and will be reviewed at a future inspection.

3.3.4 Quality and Management of Residents' Environment

The home was warm and comfortable for residents. Bedrooms were mostly tidy and personalised with photographs and other personal belongings for residents. It was noted that works were ongoing in communal areas of the home to ensure the home is decorated and well maintained for residents.

Concerns were identified in one resident's bedroom in relation to cleanliness and upkeep of the environment. This was discussed at length with the management team who confirmed that work is ongoing to support this resident with maintaining a safe environment, while ensuring the overall risk is managed. This will be reviewed at a future inspection.

Confidential information about some residents' health care needs had been attached to their bedroom doors, impacting on their right to confidentiality and privacy. An area for improvement has been identified.

Concerns were identified regarding environmental risk management. For example; there were two wardrobes in residents' bedrooms that had not been secured to the wall as required. A bathroom on the top floor of the home was being used to store a number of items such as equipment, TV, oil filled radiators, chairs and clean linen was exposed. Environmental risk management has been a previous concern identified during inspections in this home; it is

concerning that previous areas for improvement have not been sustained. An area for improvement has been identified.

Steradent denture cleaning tablets were observed to be easily accessible in two residents bedrooms. The use/storage of these items require robust risk assessment and safe storage to reduce the risk of harm to anyone using or accessing them. These were removed by the inspectors and provided to staff for safe storage. An area for improvement has been identified.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically access to prescribed lotions in bedrooms and communal bathrooms. An area for improvement has been stated for a second time.

It was also identified in communal bathrooms 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 stated for a second time.

It was noted in one resident's bedroom there was prescribed topical lotion and shampoo which had been prescribed for another resident and the topical lotion was out of date. It was identified that continence products being stored in this room were not appropriate for the residents use; the details of this were shared with the management team. An area for improvement has been identified.

It was apparent that work was required in a communal bathroom on the ground floor to ensure the room was decorated and well maintained for residents living in the home. The bathroom floor was torn, potentially creating a risk to residents and staff using the room, there was a malodour and the shower cubical was in need of replacement. It was also noted in one resident's bedroom that there was damage to the walls which required attention. An area for improvement has been identified.

There were some infection prevention and control deficits identified, for example, equipment used by residents such as a commode had no lid attached, a number of hand sanitiser stations were empty and there was no hand soap available in one communal bathroom. An area for improvement has been identified.

It was noted that cleaning schedules for bathrooms had the dates prepopulated; this was discussed with the management team who agreed to address this. This will be reviewed at a future inspection.

Concerns were identified in relation to fire safety, for example three fire doors had been propped open and fire drill records did not identify the staff who had attended the required drills, therefore it was unclear if all staff had attended twice yearly fire drills as required. Two areas for improvement has been identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Jennifer McClean has been the registered manager in this home 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. However, advice was provided to the manager to review the suite of audits and the frequency of audits to ensure they are effective in identifying shortfalls and driving the required improvements, based on the environmental, fire safety and meal time experience concerns identified during the inspection. This will be reviewed at a future care inspection.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	10*

* the total number of areas for improvement includes three standards which have 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 13 (8) **Stated:** First time **To be completed by:** 10 March 2026	The Registered Person shall ensure that the homes environment is conducted in a manner, which respects the privacy of all residents living in the home. This area for improvement is made with specific reference to signage attached to residents' bedroom doors. Ref: 3.3.4
	Response by registered person detailing the actions taken: Door signage displaying unnecessary personal information has been removed. Signage has been reviewed and updated to ensure residents' privacy is protected.

Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 10 March 2026	The Registered Person shall ensure that as far as reasonably practicable all parts of the residential home to which residents have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: This related to Steradent and toiletries being left unsecured in residents' bedrooms. All items have been removed and stored in a locked cupboard within the treatment room.
Area for improvement 3 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 10 March 2026	The Registered Person shall ensure that Steradent denture cleaning tablets are stored safely and securely at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: This issue has been addressed with denture cleaning products now stored securely in a locked cupboard in the treatment room.
Area for improvement 4 **Ref:** Regulation 27 (4) (d) (i) and (v) **Stated:** First time **To be completed by:** 10 March 2026	The Registered Person shall ensure the practice of wedging or propping of fire doors is ceased immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: Three fire doors were found wedged open at the time of inspection. This practice has ceased and fire doors are no longer being wedged open.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 12.10 **Stated:** Second time	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. Ref: 2.0 & 3.3.2

To be completed by: 10 March 2026	**Response by registered person detailing the actions taken:** The nutrition care plan has been reviewed and updated, as it previously contained multiple recommendations that could have been misleading. The care plan now clearly reflects that the resident is on Level 7 consistency with small single sips only. Risk enabling decisions (REDs) are clearly documented within the care plan.
Area for improvement 2 **Ref:** Standard 32 **Stated:** Second time **To be completed by:** 10 March 2026	The Registered Person shall ensure that all topical lotions are stored safely and securely in the home. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: All topical lotions are now stored securely in the treatment room, as observed during the QAV visit. Residents now have lockable cabinets fitted above their wash hand basins.
Area for improvement 3 **Ref:** Standard 35 **Stated:** Second time **To be completed by:** 10 March 2026	The Registered Person shall ensure individual residents toiletries are managed and stored appropriately, not for communal use. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: Toiletries are now securely locked in residents' lockable units in their own bedrooms.
Area for improvement 4 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 1 April 2026	The Registered Person shall ensure that staff induction records are completed in full and evidence is recorded of managerial oversight of this process. Ref: 3.3.1
	Response by registered person detailing the actions taken: It was identified that some staff had not signed their induction records. This has now been rectified. The deputy manager and home manager have oversight of the induction process to ensure completion and compliance.

Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 1 April 2026	The Registered Person shall conduct a review of the dining experience in the home through consultation with residents and staff, in order to identify concerns and plan to address any areas of concern. Ref: 3.3.2
	Response by registered person detailing the actions taken: On the day of inspection, sickness absence resulted in staffing pressures, and the deputy manager temporarily covered the cook's role. A relief cook was arranged later that day to ensure residents' dining needs were met. The dining room refurbishment has now been finished with new pull-down blinds and updated light fittings, along with calming background music. Residents are pleased with the refreshed look and are enjoying their mealtime experience.
Area for improvement 6 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 10 March 2026	The Registered Person shall ensure that where an adult safeguarding protection plan is required for residents, staff guidance and direction is implemented in order to reduce any risk and ensure residents are safeguarded from harm. Ref: 3.3.2
	Response by registered person detailing the actions taken: Two residents, both living with dementia, were previously involved in a resident-on-resident altercation and therefore had protection plans in place, however, this does not reflect an ongoing or continuous issue. On the day of inspection, both residents were observed seated beside one another in the dining room. Staff were aware of the situaion and were monitoring both residents; however, no concerns were identified as they appeared comfortable in eachothers company and had chosen to sit together. The registered manager has since reminded all staff that safeguarding procedures and the agreed protection plans must continue to be followed at all times, even when residents appear settled and are being closely observed.
Area for improvement 7 **Ref:** Standard 33.4 **Stated:** First time **To be completed by:**	The Registered Person shall ensure that prescribed topical lotions and shampoos are only administered to the resident for whom they are prescribed. Ref: 3.3.4

10 March 2026	**Response by registered person detailing the actions taken** All prescribed topical products are securely stored within residents' bedrooms and are used exclusively for the resident they have been prescribed for. **:**
Area for improvement 8 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 May 2026	The Registered Person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. A time bound refurbishment plan should be completed and shared with RQIA. Ref: 3.3.4
	Response by registered person detailing the actions taken: Refurbishment works are ongoing in the home. Bathroom replacement works are planned, including the installation of a wet room. Timescales cannot currently be confirmed due to the ongoing nature of the refurbishment programme.
Area for improvement 9 **Ref:** Standard 28.3 **Stated:** First time **To be completed by:** 10 March 2026	The Registered Person shall ensure the infection prevention and control issues identified during this inspection are addressed and monitored by management. Ref: 3.3.4
	Response by registered person detailing the actions taken: The infection control and prevention issues identified during the inspection have been rectified. The registered manager has reminded all staff they must adhere to all policies and procedures on infection control and the wearing of PPE. The registered maager will monitor staff wearing their PPE as required.
Area for improvement 10 **Ref:** Standard 29.6 **Stated:** First time **To be completed by:** 10 March 2026	The Registered Person shall ensure that all staff who participate in a fire evacuation drill have their names recorded as attended on the fire drill documentation and the manager retains oversight to ensure staff meet mandatory training requirements. Ref: 3.3.4
	Response by registered person detailing the actions taken: Going forward, the names will be recorded as attended by all staff who participate in the fire evacuation drill on the fire drill documentation.

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