

Unannounced Care Inspection Report 23 August 2016



Positive Futures Wheatfield

Type of service: Residential care home

Address: 1 Wheatfield Gardens, Belfast, BT14 7HU

Tel No: 028 9018 3277

**Inspectors: Alice McTavish and Jo Browne on 23 August 2016.
Alice McTavish on 26 August 2016.**

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Positive Futures Wheatfield Short Break Service took place on 23 August 2016 from 13.55 to 18.00. Further information was obtained during a visit to Positive Futures' Belfast office on 26 August 2016 between 15.00 and 15.35. The Positive Futures Short Break Service provides respite care to around 25 people, on a rotational basis, who have a learning disability.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Bernice Kelly, registered manager and Ms Emma Bailie, operations manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 June 2015.

2.0 Service details

Registered organisation/registered person: Positive Futures/Agnes Philomena Lunny	Registered manager: Mrs Bernice Kelly
Person in charge of the home at the time of inspection: Mrs Bernice Kelly	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning Disability – over 65 years	Number of registered places: 5

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with one resident, the registered manager, the deputy manager, the operations manager and two care staff. No visiting professionals or residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment records
- Care records of two residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents, complaints and environment
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 28 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 11 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 February 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25 June 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2015</p>	<p>The registered manager should ensure that the draft guidance relating to continence promotion is revised and issued to staff in order that this can be embedded into practice.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that the draft guidance relating to continence promotion was revised. Discussion with staff members confirmed that they were familiar with continence promotion and management and that the written guidance was embedded into practice.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x deputy manager
- 1 x senior support worker
- 2 x support workers

The registered manager and deputy manager use a local office as the base and are frequently present in the building. A further staff member was on duty earlier on the day of inspection. One senior support worker and two support workers were due to be on duty later in the day and overnight.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The registered manager advised that new staff also completed the Positive Futures Foundation Programme during the six month probationary period and that this was linked to the Northern Ireland Social Care Council (NISCC) standards for social care staff. New staff also completed a structured exercise designed to set out clearly the job profile specific to each designation of staff, the core responsibilities of the job role, the judgement decisions required and the limits to responsibility. The registered manager advised that this exercise can

be revisited at any time with staff and is a useful tool for monitoring staff performance and development.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection. It was noted that staff received supervision quarterly which exceeds the minimum standard.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed and was found to be satisfactory. Such competency and capability assessments were completed annually; this represented good practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager, however, maintained a tracker for recruitment information. This was inspected during a subsequent visit to the provider's Belfast office and was found to be satisfactory. The registered manager confirmed that enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment.

There were arrangements in place to monitor the registration status of staff with their professional body (where applicable); the organisation's personnel department retained copies of staff registration certificates and received reminders from professional bodies of the dates for renewal and/or payment of annual fees. Registration with the professional bodies was also discussed during team meetings.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home, notably locked internal and external doors with keypad entry systems and a stair gate at the top of a flight of stairs. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management personnel and noted to be regularly updated and reviewed as necessary. There were individual restrictive practice agreements in place.

Discussion with the registered manager and examination of accident and incident records confirmed that if individual restraint were to be employed, the appropriate persons / bodies would be informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The organisation also maintained a corporate risk register.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 24 May 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually.

The registered manager described how fire drills were completed at least once monthly to ensure, as far as possible, that each person supported by the short break service was involved in an evacuation exercise. In addition, the home had produced signs for those people who had autism; this was to further reinforce the message, in a format that the person could understand, that a fire drill was in progress. Records were retained of residents and staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

11 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described safe care safe as excellent or good.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of two people supported by the short break service confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Inspectors noted that care records clearly reflected a person centred approach across all aspects of the delivery of care. This was to be commended.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection. It was noted that residents or their representatives signed confidentiality agreements in relation to anyone viewing their records. This was good practice.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents and the home’s environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. The registered manager described how an audit of records had identified that there was scope to improve communication regarding changes in residents’ medications. This was immediately addressed and more robust mechanisms for exchange of information were introduced. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Staff confirmed that they had received training in communication during induction.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements would be put in place, in line with the legislation, to support and advocate for residents although this would be arranged by trust staff, if required.

11 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described effective care as excellent or good.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There was a range of policies and procedures in place which supported the delivery of compassionate care.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Inspectors noted that care records clearly set out the indicators that residents may be experiencing pain and how this should be managed.

The registered manager and staff confirmed that consent was sought in relation to care and treatment. Discussion staff and observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to describe how residents’ confidentiality was protected though conducting private conversations in a discreet manner and through secure storage of written records.

Discussion with staff and a resident, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The person who was being supported in the short break service at the time of inspection advised inspectors that he was assisted by staff to go out on trips and to attend social events.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. The monthly monitoring visits included the views and opinions of the families of the people supported by the short break service. The views and opinions of those people supported by the Wheatfield Short Break Service were also captured within the annual care reviews.

11 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described compassionate care as excellent or good.

A comment received from staff included:

- “This is the first company I have worked for where the service users are put first.”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager further confirmed that the health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, which was also available in an easy read version. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. No complaints had been received since the last care inspection in June 2015. The registered manager confirmed that, should complaints be made more frequently, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The operations manager described how Positive Futures was considering implementing a management development programme for staff. Positive Futures also held management workshops in which current best practice initiatives and shared learning was discussed and promoted. There was evidence that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the operations manager identified that she had understanding of the role and responsibilities of the registered provider under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the management structure.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

11 completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described well led service as excellent or good.

Comments received from a resident’s representative and staff member were as follows:

- “My (relative) enjoys his stay very much. He would like to go every week if they had room for him. As a mother, I put my trust in their safe hands.”
- “Effective training delivered, regular team meetings.”
- “Service manager puts the service user first, always.”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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