

# Inspection Report

<b>Name of Service:</b>	<b>Positive Futures Wheatfield Short Break Service</b>
<b>Provider:</b>	<b>Positive Futures</b>
<b>Date of Inspection:</b>	<b>7 May 2025</b>

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>	Positive Futures
<b>Responsible Individual:</b>	Ms Agnes Philomena Lunny
<b>Registered Manager:</b>	Mrs Bernice Kelly
<b>Service Profile –</b> This home is a registered residential care home which provides health and social care for up to five residents living with a learning disability. The home is divided into three flats over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 May 2025, between 9.45 am and 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; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 13 December 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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.

## 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 who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Discussions with staff in general confirmed that they felt positive about their roles and duties, the provision of care, staffing and teamwork.

One completed questionnaire was received following the inspection and a relative confirmed they were happy with the care provided by staff, staff knowledge of the resident and they are assured that their relative is safe.

## **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.

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.

There were enough staff to support the resident with their meal.

The manager was not working in the home on a full time, day-to-day basis. This arrangement was not fully robust to ensure effective daily management oversight of the home. An area for improvement was 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, including those residents who had difficulty in making their wishes or feelings known.

Staff respected residents' privacy by their actions such as, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

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 systems were in place to safeguard residents and to manage this aspect of care. However; the Deprivation of Liberty (DoLS) register was not kept up to date and there was no other management system in place to maintain robust oversight of DoLS. An area for improvement was identified.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and assistance.

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 lunch time meal, showed that the resident was enjoying their meal, and the meal was warm, nutritious and attractively presented.

There was no menu displayed for residents to see what was being served at meal time and discussion with staff identified that there was no clear plan for what meal would be served for the evening meal. An area for improvement was identified.

There was no plan of activities seen in the home. On discussion with the staff a bus trip was to take place in the afternoon. A resident was seen using musical instruments in the morning. The activities records reviewed had gaps in recording and were not always signed to identify who had led the activity. This area for improvement has been stated for a second time.

The use of Wi-Fi to play music for residents was not available in one flat and had not been repaired. This was discussed with the person in charge who advised this would be addressed. This will be reviewed at a future inspection.

### 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.

Residents care records were held confidentially. Records generally were person centred and a regular evaluation of daily care delivery was recorded.

Staff were able to describe what residents care needs were in relation to eating and drinking but the care plans reviewed were not always up to date and did not reflect this level of detail. Communication records were not always signed and dated. Two areas for improvement was identified.

### **3.3.4 Quality and Management of Residents' Environment**

Areas of the home's environment required maintenance; for example, peeling and chipped bedroom furniture, handles missing from furniture, a broken bath panel and dripping tap. An area for improvement was identified.

Flooring throughout the home required cleaning along with an unclean freezer, bin, shower chair, taps, sink cupboard and window areas. An area for improvement was identified.

Review of residents' bedrooms identified that not all rooms had bedside/wall lighting and a suitable chair was not available for resident use. An area for improvement was identified.

The outside area of the home required maintenance which included overgrown grass and weeding. An area for improvement was identified.

A laundry room was unlocked; cleaning chemicals were accessible in an unlocked cupboard; and an electrical control panel was accessible. This was brought to staff attention for their immediate action and an area for improvement was identified.

A bed in daily use by a resident was left unmade throughout the day. This was highlighted to staff to address and will be further reviewed and a future inspection.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Bernice Kelly has been the manager in this home since 1 April 2005.

Staff commented positively about the management team and described them as supportive and approachable.

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; some requested records were not either available or completed, for example, records to evidence manager oversight or review of care records and Infection Prevention and Control measures. An area for improvement was identified.

#### 4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	12*

\* the total number of areas for improvement includes one standard that has been stated for a second time and one standard that has been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person-in-charge, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 May 2025	The Registered Person shall ensure electrical panels and cleaning/laundry chemicals are stored securely.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The electrical panel is in the storage room in the vacant apartment - 1B. This has been prepared for occupancy. The door was unlocked for easy access for the joiner and decorator on the day of inspection. The door has been locked following the inspection on 7 May 2025.  The utility room door containing the cleaning chemicals is in apartment 1B which was unoccupied. It was left open for easy access whilst staff were doing the cleaning and laundry. This door will now remain locked when not in use.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 Dec 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> 2 December 2024	The Registered Person shall ensure that the temperature of the medicine storage areas is monitored and recorded daily.  Ref: 2.0
	<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>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.9  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 May 2025	The Registered Person shall ensure that a record is kept of all activities that take place in the home, the person leading the activity and the names of the residents who participate.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> The activity record is completed for each of the people we support and was in place. It is individualised for each person we support in line with person centred support. The development of a group plan is not relevant for the service we provide. The name of each person we support is noted at the top of the activity log page and signed by the staff member supporting and is kept in their individual Person Centred Portfolio. Activities are on most occasions 1:1 however the activity lead has now been identified on the support planner.



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 May 2025</p>	<p>The Registered Person shall ensure that the registered manager delivers services effectively on a day to day basis in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager is at the service on a very regular basis, almost daily, this includes unannounced visits and direct support as well as evenings and weekends. This is evident on the hard copies of the support planner in the service with details of the work day hours and the actual times the Registered Manager is at the service. It also details when the Registered Manager is at meetings and when on leave. The care planner also includes details of staff in charge when the Registered Manager is not at the service. This responsibility is delegated to Deputy Service Managers, Senior Support Workers, or experienced Support Workers. When the Registered Manager is not at the Service staff are aware of her location and can contact her at all times. In the event the Registered Manager is on leave the Operations Manager is available to all staff.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2025</p>	<p>The Registered Person shall ensure that records are kept in accordance with professional and legislative requirements. This is in relation to keeping up-to-date records in relation to residents capacity care needs.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Service DoLs register has been updated on 12 June 2025 to reflect that DoL's are an agenda item at the person centred review meetings. Where a person we support does not require a DoLs any changes in circumstances are reviewed.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 May 2025</p>	<p>The Registered Person shall ensure a daily menu is displayed in a suitable place and in a suitable format to ensure residents and their representatives know what is available at each mealtime.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Each of the people we support have a menu tailored to their needs, likes and dislikes. A menu plan is completed each week with details of who is in for their short breaks and the meals being served on a given day. The menu is discussed with some of the people we support on arrival day and the menu plan is changed if they prefer certain</p>



	meals on different days. For other people we support this is discussed with their family during the pre-arrival phone calls and if there is a new favourite the menu plan is then amended to include this. Menus are available in picture formats and are displayed in the inside of a kitchen cupboard to maintain a homely atmosphere.
<b>Area for improvement 6</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 31 May 2025	The Registered Person shall ensure eating and drinking care plans are up to date.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> On the day of inspection this was not in place for one person we support, this was rectified on 8 May. All others reviewed and confirmed to be up to date and relevant during the inspection.
<b>Area for improvement 7</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 31 May 2025	The Registered Person shall ensure communication records are signed and dated.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> The communication chart viewed on day of inspection is a person centred tool used to gather information which is then reviewed every 3 months and new learning extracted and added to the Person centred plan. A section has now been added for staff signature and date. The date the person centred plan is reviewed is noted at the top left hand side of each page.
<b>Area for improvement 8</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2025	The Registered Person shall ensure the premises are kept well maintained and suitable for their stated purpose. This is in relation to peeling and chipped bedroom furniture, handles missing from furniture, a broken bath panel and a dripping tap.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> This apartment 1B was unoccupied during inspection and was undergoing a refresh. The issues raised resulted largely from a timing issue, ie maintenance ongoing. The dripping tap has been assessed by the plumbing company, work is in progress to have this and all other maintenance in the apartment completed by 30 June 2025.
<b>Area for improvement 9</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The Registered Person shall ensure the premises are kept clean and hygienic at all times.  Ref: 3.3.4

<b>To be completed by:</b> 13 May 2025	<b>Response by registered person detailing the actions taken:</b> The apartment 1B was unoccupied during inspection and was undergoing a refresh. Maintenance work is in progress. The apartment has been cleaned. As per our practice, we employ external contractors for specialised cleaning. This work had already been commissioned for stubborn limescale, this will be completed by 30 June 2025.
<b>Area for improvement 10</b>  <b>Ref:</b> Standard E26  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2025	The Registered Person shall ensure that a bedside/wall lighting and a suitable chair are available for residents use in their bedrooms.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> Bedside lamps have been purchased and will be used if the person supported can tolerate them. The layout of the bedroom allows for individuals with wheelchairs to have enough room for manoeuvre. Furniture is rearranged to ensure accessibility to meet the needs of a wide range of people that utilise the rooms.
<b>Area for improvement 11</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 May 2025	The Registered Person shall ensure the outside spaces are kept well maintained and suitable for their stated purpose.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> There is an arrangement in place with a garden company to maintain the grounds and garden on a regular basis, weeds noted on day of inspection have since been removed. This was the result of a timing issue with weeds appearing between garden company calls.
<b>Area for improvement 12</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2025	The Registered Person shall ensure a record to evidence manager oversight and review of care records and Infection Prevention and Control measures is in place and action is taken when necessary.  Ref: 3.3.5
	<b>Response by registered person detailing the actions taken:</b> The records, which include the infection control record forms are signed and dated by the Registered Manager after each weekly check. There is a portfolio signing sheet at the back of the person centred plan of each of the people we support with evidence that this has been reviewed by the Registered Manager.

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



The Regulation and  
Quality Improvement  
Authority

## 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