



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Service and ID: Positive Futures Wheatfield Short Break Service (1655)

Date of Inspection: 14 January 2015

Inspector's Name: Priscilla Clayton

Inspection ID: IN017847

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Positive Futures Wheatfield Short Break Service
Address:	1 Wheatfield Gardens Belfast BT14 7HU
Telephone number:	02890183277
E mail address:	bernice.kelly@positive-futures.net
Registered Organisation/ Registered Provider:	Agnes Lunny
Registered Manager:	Bernice Kelly
Person in charge of the home at the time of inspection:	Dillon McMahon (Senior Support Worker)
Categories of care:	RC – LD. RC – LD (E)
Number of registered places:	5
Number of residents accommodated on Day of Inspection:	1
Scale of charges (per week):	As per Trust contract.
Date and type of previous inspection:	Variation to Registration Inspection. 24 June 2014 & 30 July 2014
Date and time of inspection:	Unannounced Secondary Inspection 14 January 2015 (10.30 – 15.30)
Name of Inspector:	Priscilla Clayton

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the operations director, Positive Futures
- Discussion with the senior support worker in charge
- Examination of records
- Discussion with staff
- Inspection of the premises
- Evaluation of findings and feedback

This inspection was conducted further to the official opening of this new purpose built facility and subsequent transfer of respite service from 36 Squires Hill to this newly registered facility.

5.0 Inspection focus

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 20 - Management and Control of Operations (selected criteria)

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Wheatfield Short Break Service is a purpose built residential facility situated in a residential area of North Belfast. The home is on a main arterial route into the city centre on a public transport route. The residential home is owned and operated by Positive Futures. Mrs Bernice Kelly is the registered manager since 2005.

Wheatfield Short Break Service provides services to residents with a learning disability, some of whom may have complex needs, high levels of dependency and may present with behaviours that are challenging to others. Registration of this new facility was approved by RQIA on 02 September 2014 as a short break respite service for 5 residents. Respite is available on a regular basis of two-three days each week and up to 10-14 days at a time.

The home comprises of three self-contained apartments.

Apartment 1A is situated on the ground floor. It has an entrance on the ground floor and comprises: A kitchen/dining area, lounge and two en-suite bedrooms.

Apartment 1B is situated on the first floor. It has a separate entrance on the ground floor with stairs to the first floor. It is also accessible via Apartment 1C if the lift has been used. Apartment 1B comprises: A kitchen/dining area, lounge and two ensuite bedrooms.

Apartment 1C has communal areas on the ground floor and bedroom accommodation on the first floor. Apartment 1C has a separate entrance and comprises: A kitchen/dining area, lounge, (ground floor), a lift, and one ensuite bedroom (first floor). Apartment 1C also houses a communal utility area, staff room, staff toilet, sleep over room and storage space.

A secure communal area is accessible to residents via the ground floor of Apartment 1C.

The home is registered to provide care for a maximum of 5 persons under the following categories of care:

Residential care

LD	Learning Disability
LD (E)	Learning Disability – over 65 years

7.0 Summary of inspection

This secondary unannounced care inspection of Positive Futures Wheatfield Short Break Service was undertaken by Priscilla Clayton on 14 January 2015 between the hours of 10.30am and 3.30pm. The registered manager, Bernice Kelly, was off duty. Dillon McMahon, senior support worker, was in charge of the home and was available during the inspection and for verbal feedback at the conclusion of the inspection. Gillian Allen, Positive Futures Operations Director was also in attendance for most of the inspection.

The previous variation to registration care inspection undertaken on 24 June 2014 and 30 July 2014 resulted in no recommendations or requirements being made, therefore no follow up was required during this inspection.

The focus of this unannounced inspection was on selected criteria from Standard 20 of The Minimum Standards for Residential Care Homes (management and control of operations). The home was compliant with all of the chosen criteria examined. There were processes in place to ensure effective management of the standard criteria inspected.

During the inspection the inspector spoke with staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, examined a selection of records and carried out a general inspection of the residential care home environment. The one resident who was accommodated on the day of inspection was out of the home on day care placement. A further admission was expected later in the afternoon.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties and that the provision of care was very good. No issues or concerns were raised or indicated.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas examined included; staff training, staffing provision, care records and environment. Further details can be found in section 10.0 of the report.

Four recommendations were made as a result of this secondary unannounced inspection, details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 24 June 2014 & 30 July 2015

No recommendations or requirements from previous inspection.

9.0 Inspection Findings

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS	
Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.1 There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of the home's Statement of Purpose and discussion with the senior support worker evidenced there was a defined management structure in place with lines of accountability clearly set. Roles and responsibilities are contained within job descriptions and induction / orientation programmes.	Compliant
Criterion Assessed: 20.5 Services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of the Statement of Purpose evidenced the services available as approved by RQIA.	Compliant
Criterion Assessed: 20.6 The statement of purpose is kept under review.	COMPLIANCE LEVEL
Inspection Findings:	
The Statement of Purpose examined had been reviewed / revised for re- registration and was dated 11 June 2014.	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS

Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.

Criterion Assessed: 20.7 Any change to: - <input type="checkbox"/> Part 1 of the statement of purpose <input type="checkbox"/> The person registered on behalf of the organisation or any change in: - <input type="checkbox"/> The registered manager, or <input type="checkbox"/> The registered premises is made only with the approval of the Regulation and Quality Improvement Authority.	COMPLIANCE LEVEL
Inspection Findings: The home's Statement of Purpose was reviewed and dated 11 June 2014. Review was necessary due to relocation of the service from 36 Squires Hill to Wheatfield Short Break Service and variation to increase the number of residents from two to five. The Statement of Purpose dated 11 June 2014 was considered to be comprehensive and in accordance with Regulation 3 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Compliant
Criterion Assessed: 20.8 An up-to-date and accurate register of residents accommodated in the home is kept and is available for inspection at all times. (See Appendix 1)	COMPLIANCE LEVEL
Inspection Findings: Examination of the resident register evidenced that necessary information was being recorded and reflected a total of nineteen residents were in receipt of periodic respite care.	Compliant
Criterion Assessed: 20.9 The residents' guide is kept under review, revised when necessary and updated versions are provided to the Regulation and Quality Improvement Authority.	COMPLIANCE LEVEL
Inspection Findings: Examination of the Resident Guide evidenced that this document had a review date June 2014 and was in accordance with Regulation 4 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Compliant

<p>Criterion Assessed: 20.11 The registered person monitors the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The senior support worker confirmed that on- going monthly monitoring visits are undertaken by the operations director of Positive Futures. Monthly monitoring records examined included September 2014, October 2014, and November 2014. The director of operations reported that the December 2014 monitoring visit was undertaken and the report was being typed at head office.</p>	Compliant
<p>Criterion Assessed: 20.15 All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The home has a policy / procedure on the reporting of accidents / incidents. Examination of accidents / incidents records was undertaken and discussed with staff. The inspector was informed that all accidents / incidents are notified to RQIA in accordance with this criterion. Monitoring of accidents / incidents is undertaken by the manager and at corporate level within the organisation with any trends / patterns identified and action taken as required. Records of same were being retained.</p> <p>Measures to minimise identified risks were discussed with the senior support worker and reflected within two care plans examined.</p>	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS

Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.

Criterion Assessed:	COMPLIANCE LEVEL
20.18 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.	
Inspection Findings:	
<p>The home had a written policy / procedure on Whistle Blowing which was dated November 2014. Examination of the document evidenced requirement to report concerns about poor practice to management, relevant professional staff or RQIA.</p> <p>Staff who spoke with the inspector demonstrated knowledge of the policy and the necessity to report any concerns in regard to care to the manager, commissioning trust social worker or RQIA.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
20.19 There are appropriate mechanisms to support staff in reporting concerns about poor practice.	
Inspection Findings:	
<p>Staff support is provided through a commissioned Staff Care Service which is independent of Positive Futures. The operations director confirmed that staff would be assured of confidentiality with additional supervision and support meetings provided.</p> <p>Staff demonstrated awareness of the policy on Whistle Blowing, modes of reporting and support services available.</p>	Compliant

10.0 Additional Areas Examined

10.1 Resident's Consultation

The one resident accommodated on the day of inspection was out of the home at day care and was not expected to return until later in the afternoon. Opportunity to speak with residents will take place at the next inspection.

10.2 Relatives/Representative Consultation

No relatives visited during this inspection.

10.3 Staff Consultation

The inspector spoke with three staff which included the senior support worker and two support workers, one of whom came on duty during the afternoon shift in preparation for the return of one resident from day care. Discussion with staff identified that they were supported in their respective roles with staff supervision, appraisal and staff meetings held. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents and their planned care.

Staff confirmed that the manager operates an "open door" approach in which they could speak with her at any time. Additionally comment was also made in regard to the good team working.

10.4 Visiting Professionals' Consultation

No professional visited the home.

10.5 Staff Training

Examination of the staff training matrix was undertaken and discussed with the senior support worker and operations director. One recommendation was made in regard to the frequency of mandatory training in First Aid, which is currently provided three yearly and Safeguarding which is recorded as provided every two years which is not in accordance with RQIA Guidance in Mandatory Training for Providers of Care in Regulated Services. (2013). Review and revision of the recorded frequency of mandatory training within the matrix is necessary.

10.6 Staffing Levels

Examination of the staff duty roster evidenced this was being maintained in accordance with Regulation 19 (2) Schedule 4 7. Indicators were recorded showing staff in charge when the manager is off duty.

Staffing levels / arrangements were deemed to be satisfactory by the senior support worker and staff who spoke with the inspector. The senior support worker confirmed staffing levels were based on the needs and dependency levels of residents accommodated during the respite period. Decisions in this regard are discussed and agreed with the commissioning Health and Social Care Trust prior to admission.

10.7 Care Records

Individualised care records were being maintained for each resident admitted for respite. Two care records were examined and discussed with the senior support worker who described the admission process from referral to the admission. Records retained included pre admission records, personal details, assessment which were complemented with risk assessments, person centred care plans, daily notes / evaluations. Two recommendations made related firstly to ensuring staff cease to leave gaps / spaces between daily recordings in care records and secondly that the care plan of one resident reflects the agreed personal continence check prior to discharge to minimise the recurrence of one issue made via a complaint.

Care records were being securely stored.

10.8 Complaints

Discussion with the senior support worker and examination of complaints records retained evidenced that two complaints were received during 2014. Records provided evidence that these were appropriately managed in accordance with Regulation 24 of The Residential Care Homes Regulations (Northern Ireland) 2005.

One recommendation was made in regard to recording in one care plan the necessity to check incontinence garment prior to leaving the home in order to minimise recurrence of one complaint.

10.9 Environment

The inspector viewed the internal environment of the home accompanied by a support worker and inspected all of the residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. No ancillary staff is employed in the home. Duties in this regard are undertaken by support care staff when residents are at day care. The development of a cleaning schedule is recommended.

Externally there were attractive secure areas which were laid out in various borders of shrubs and areas which would promote leisure and therapeutic opportunities and stimulate sociable activity for all residents.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Dillon Mc Mallon, senior support worker, during and at conclusion of the inspection.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
Inspector / Quality Reviewer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Positive Futures Wheatfield Short Break Service

14 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Dillon McMahon, senior support worker during and at conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 6.2	<p><u>Care Records</u></p> <p>1) It is recommended that the care plan of one resident reflects the agreed personal continence check prior to discharge in order to minimise the recurrence of one issue raised via one complaint received.</p> <p>(Ref:10.7)</p>	One	Action complete - the care plan has been amended.	19 January 2014
2	Standard 17.10	<p><u>Care records</u></p> <p>It is recommended that staff cease to leave gaps / spaces between daily recordings in care records.</p> <p>(Ref 10.7)</p>	One	Action complete - recommendation implemented within daily recordings.	15 January 2015
3	RQIA Guidance on Mandatory Training for Providers of Care In Regulated Services (2013)	<p><u>Staff mandatory training</u></p> <p>It is recommended that First Aid and safeguarding training is provided annually and that the staff training matrix is reviewed and revised to reflect the recommended frequency of mandatory training.</p>	One	First Aid and Safeguarding training will be provided annually in line with direction given by the Inspector. Staff training matrix will be reviewed to reflect this frequency.	30 April 2015

4	Standard 27.1	<p><u>Cleaning Schedule</u></p> <p>The development of a cleaning schedule is recommended as duties in this regard are undertaken by support care staff when residents are at day care.</p>	One	<p>A Standard Operating Policies and Procedures document is being developed at present. This includes 'guidance on staff duties' which details cleaning duties. The staff responsible on any given day can be identified on the support planner.</p>	<p>27 February 2015</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Bernice Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Agnes Lunny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	23 February 2015
Further information requested from provider			