

Inspection Report

21 December 2022



Positive Futures Wheatfield Short Break Service

Type of Service: Residential Care Home
Address: 1 Wheatfield Gardens, Belfast, BT14 7HU
Tel no: 028 9018 3277

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Positive Futures Responsible Individual: Ms Agnes Philomena Lunny	Registered Manager: Mrs Bernice Kelly Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Nicole Campbell, Team Leader	Number of registered places: 5 RC-LD and RC-LD (E) with associated physical disability
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 0
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides short respite health and social care for up to five residents. The home is divided in three units over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 21 December 2022, from 9.45am to 12.15pm by a care inspector.

The inspection assessed progress with the two areas of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Both these previous areas of improvement were found to be met.

The home was clean, tidy with a good standard of décor and furnishings being maintained.

There was safe, effective and compassionate care delivered in the home.

No areas requiring improvement were identified during this inspection.

RQIA was assured that the delivery of care and service provided in Positive Futures Wheatfield Short Break Service is safe, effective, and compassionate and that the home is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Nicole Campbell at the conclusion of the inspection.

4.0 What people told us about the service

Staff spoke positively about their roles and duties and the provision of care. Staff said they were satisfied with the staffing levels, training and managerial support.

There were no responses from questionnaires received in time for inclusion to this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 February 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	The Registered Person shall ensure that personal protective equipment is worn by staff correctly and in accordance with regional guidance.	Met
	Action taken as confirmed during the inspection: Personal protective equipment was found to be correctly worn by staff.	
Area for Improvement 2 Ref: Regulation Stated: First time	The Registered Person shall ensure a variation is submitted to RQIA, to include the provision of additional services. The statement of purpose will require to be changed to reflect this.	Met
	Action taken as confirmed during the inspection: This information was submitted to RQIA.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment and selection is organised by the organization's human resource department. A checklist is issued to the Manager confirming that individual staff are recruited in accordance with legislation. The Manager confirmed that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. Any staff member who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management. Assurance was received from staff that staffing levels are kept under review. Staffing levels were determined by the level and nature of residents' needs and support.

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.

A matrix of mandatory training provided to staff was in place. There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that a range of mandatory and additional training was completed a regular basis.

Each staff member has regular and up-to-date supervision to discuss work related issues.

5.2.2 Care Delivery and Record Keeping

Care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

All admissions to the home are on a planned basis. Residents' needs were assessed 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Menus are planned on an individual basis and took full account of residents' likes and dislikes, preferences and specialist diets.

Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed.

Care records were held confidentially.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded. Care records contained good evidence of consultation with the resident, their representative and / or their aligned named worker.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable, bright and nicely facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 14 June 2021. There was corresponding evidence in place of the actions taken in response to the one recommendation made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

At the time of this inspection there was only one resident in the home. This resident was in attendance at their aligned day care setting.

Records were well maintained of residents' participation in activities and events in the home.

Staff described how residents' social care needs were met in a person centred basis and how residents looked forward to their stay in the home.

5.2.5 Management and Governance Arrangements

The Registered Manager of the home is Mrs Bernice Kelly.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability. One staff member said; "Bernice (the Manager) is great. She likes everything done right."

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Bernice Kelly was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to resident's next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; infection prevention and control, staff supervision, care records and the environment..

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Nicole Campbell, Team Leader, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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