

Inspection Report

Name of Service:	Positive Futures Wheatfield Short Break Service
Provider:	Positive Futures
Date of Inspection:	13 December 2024

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
Service Profile: Positive Futures Wheatfield Short Break Service is a residential care home which provides health and social care for up to five residents, who are living with a learning disability.	

2.0 Inspection summary

An unannounced inspection took place on 13 December 2024, from 9.20 am to 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; and to assess progress with the area for improvement identified, by RQIA, during the last pharmacy inspection on 28 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement 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 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.

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

There were no residents in the home on the day of inspection.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

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.

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 resident's needs, their daily routine, wishes and preferences.

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 safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed the risk of falling and falls were well managed.

The importance of engaging with residents was well understood by the manager and staff.

Residents' needs were met through a range of individual and group activities such as musical activities, outings and going for walks. The recording of the activities was not consistent. An area for improvement was identified.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean and well presented.

Not all residents' bedrooms had a lockable storage space for them to keep valuables in for example. This was discussed with the manager and an area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

A wardrobe in one of the unoccupied bedrooms in the home had its doors removed, the bed mattress was against the wall and the room was also cluttered. An area for improvement was identified.

A number of fire doors in the home were found to not self-close. An area for improvement was identified.

There was evidence that that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

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 Registered Manager in this home since 1 April 2005.

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 robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	1	4*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Bernice Kelly, Registered Manager, 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 27.4 Stated: First time To be completed by: 13 December 2024	The registered person shall ensure that all fire doors in the home effectively self close. Ref: 3.3.4
	Response by registered person detailing the actions taken: The fire doors identified were adjusted so they close fully. This was completed on 18/12/24.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 2 December 2024	The registered person shall ensure that the temperature of the medicine storage areas is monitored and recorded daily. Ref: 2.0
	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.
Area for improvement 2 Ref: Standard 13.9 Stated: First time To be completed by: 01 January 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
	Response by registered person detailing the actions taken: The activity record and 'what happened today' forms were amended to ensure details of the activities are recorded, if the people we support decline their preferred activity and, where possible, the reason why. This was completed on 16/12/24.
Area for improvement 3 Ref: Standard N25 Stated: First time To be completed by: 01 February 2025	The registered person shall ensure that each resident's bedroom has a lockable storage space, for use by the resident. Ref: 3.3.4
	Response by registered person detailing the actions taken: This was discussed with a joiner on 18/12/24. Due to other work commitments, the joiner plans to complete the work by the end of February 2025.
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 01 January 2025	The registered person shall ensure that the identified bedroom is maintained and suitable for its purpose. Ref: 3.3.4
	Response by registered person detailing the actions taken: The bed mattress was moved and the room tidied on 13/12/24. A replacement wardrobe is being sourced with the plan to have this installed by the joiner by the end of February 2025.

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