

Inspection Report

14 December 2021



Positive Futures Wheatfield Short Break Service

Type of Service: Residential Care Home (RCH)
Address: 1 Wheatfield Gardens, Belfast, BT14 7HU
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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: 01 April 2005
Person in charge at the time of inspection: Marie Kearney Support Worker	Number of registered places: 5 RC-LD and RC-LD (E) with associated physical disability.
Categories of care: Residential Home (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: 2
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 5 residents. The home is divided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 14 December 2021, from 10.00 am to 4.00 pm by a care Inspector.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

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

RQIA were assured that the delivery of care and service provided in Positive Futures, Wheatfield Short Break Service was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Positive Futures, Wheatfield Short Break Service.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

Two new areas for improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

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.

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 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 and 'Tell Us' cards 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 Anne Magee, Operations Manager at the conclusion of the inspection.

4.0 What people told us about the service

Two staff were spoken with. Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

No comments were received from staff via the online survey. No questionnaires were received from relatives or residents.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

The last inspection to Positive Futures Wheatfield Short Break Service was undertaken on 20 October 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of recruitment records highlighted that there was no evidence of pre-employment checks for two staff on the day of inspection. This was discussed with the Operations Manager. Evidence of pre-employment checks for the two staff was forwarded to RQIA following the inspection.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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.

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.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident 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.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

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.

There was evidence that residents were well supported in relation to their nutritional needs.

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. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to be wearing aprons and gloves for prolonged periods of time. This was discussed with the operations manager and an area for improvement was identified.

Visiting arrangements were managed in line with Department of Health DoH and IPC guidance.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as outings, arts and crafts and board games.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to maintain contact with their families by phone calls.

5.2.5 Management and Governance Arrangements

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

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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 residents' next of kin, their care manager and to RQIA.

The home was operating outside of its conditions of registration and statement of purpose. This was discussed with the manager and identified as an area for improvement. The registered person should submit a variation application to RQIA prior to implementing any additional services not included within their current registration.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider 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

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne Magee, Operations 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The Registered Person shall ensure that personal protective equipment is worn by staff correctly and in accordance with regional guidance.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A risk assessment was completed in response to the increased level of transmission of the new strain of Covid-19 in a service where the people we support are unable to maintain social distancing or adhere to cough/sneeze etiquette and the additional IPC precautions.</p> <p>This identified the need for additional precautions where the people we support have increased vulnerabilities; challenges in relation to accepting medical interventions; regular contact with others outside of the service; and where they cannot maintain the social requirements of IPC. The use of additional PPE is a mitigation action identified in response to these risks.</p> <p>The risk will be reviewed on receipt of additional IPC updates.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 3</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2022</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The variation to reflect the provision of day activities for one person supported when not resident was submitted via the RQIA portal along with a copy of the updated Statement of Purpose and the Handbook on 18 January 2022.</p>



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