

# Unannounced Care Inspection Report 20 October 2020



## Positive Futures Wheatfield Short Break Service

**Type of Service: Residential Care Home (RCH)**  
**Address: 1 Wheatfield Gardens, Belfast, BT14 7HU**  
**Tel No: 02890183277**  
**Inspector: Gerry Colgan**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with five beds which offers short stay accommodation for people living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individual(s):</b> Agnes Philomena Lunny	<b>Registered Manager and date registered:</b> Bernice Kelly – 1 April 2005
<b>Person in charge at the time of inspection:</b> Bernice Kelly	<b>Number of registered places:</b> 5  RC-LD and RC-LD (E) with associated physical disability
<b>Categories of care:</b> Residential Home (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 1

### 4.0 Inspection summary

An unannounced inspection took place on 20 October 2020 from 08.30 to 11.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

During this inspection we identified evidence of good practice in relation to the management of infection prevention and control, notifiable events, adult safeguarding, team work, and communication between residents, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) and personal protective equipment (PPE)
- care delivery
- care records
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Bernice Kelly, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care and medicines management inspections
- the registration status of the home
- written and verbal communication received since the previous care and medicines management inspections
- the previous care inspection reports.

The following records were examined during the inspection:

- staff duty rota from 19 October to 02 November 2020
- two care records
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- audits of accidents and incidents
- the minutes of staff meetings
- the certificate of registration.

During the inspection the inspector met briefly with the only resident in residence that day and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten residents' questionnaires and ten residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

There were no areas of improvement identified as a result of the last care inspection. The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection dated 20 November 2019

There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.2 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 19 October 2020 to 02 November 2020 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of residents could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the COVID-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to residents and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of residents. Staff spoken with felt supported by their manager.

### 6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all residents and staff had their temperature taken twice daily. PPE supplies and hand sanitisation was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home.

Discussion with the manager evidenced that she was aware of how to reduce or minimise the risk of infection in the home. The manager confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

The home was found to be warm, clean and tidy. Communal areas including lounges, bedrooms, dining areas and bathrooms were viewed; these were found to be well maintained.

### **6.2.3 Care delivery**

We observed staff practice in the home and interactions with the resident were warm and kind. Staff showed good knowledge and understanding of the resident's individual needs. The resident was well presented with obvious time and attention given to personal care. Staff referred to the resident by name and showed that they were aware of his personal preferences.

There was a relaxed and unhurried atmosphere in the home. The resident was observed relaxing in communal sitting rooms waiting for a member of staff to accompany him to the nearby day centre. Two residents were to be admitted on the afternoon of the inspection so staff were available to prepare for these admissions.

### **6.2.4 Care records**

Two care records were reviewed; these had been completed upon residents' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified residents in relation to complex needs and challenging behaviour. The care records included all relevant information and evidenced regular review and evaluation.

### **6.2.5 Dining experience**

We could not observe lunch during the inspection as there were no residents in the building however the manager confirmed that the dining arrangements had been altered to ensure social distancing for residents due to risks during the COVID-19 pandemic.

### **6.2.6 Governance and management arrangements**

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. The infection prevention and control audits were all completed and cleaning schedules were in place.

We reviewed a sample of monthly monitoring reports from January 2020 to September 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports.

We reviewed the minutes of staff meetings. We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home's certificate of registration was displayed appropriately in a central part of the home.

## Areas of good practice

During this inspection we identified evidence of good practice in relation to infection prevention and control, the management of notifiable events, adult safeguarding, team work, and communication between the resident, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Conclusion

On the day of the inspection we observed that PPE was appropriately worn by staff. There was only one resident in the home who was preparing to attend a nearby day centre. This resident appeared comfortable, and staff treated him with kindness and compassion. The staff were timely in responding to his needs.

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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