The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Positive Futures Wheatfield Short Break Service

Provider: Positive Futures

Date of Inspection: 29 January 2026

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/Responsible Person:	Ms Agnes Philomena Lunny
Registered Manager:	Mrs Bernice Kelly

Service Profile –
This home is a registered residential care home, which provides health and social care for up to five residents with learning disabilities. The home is situated over two floors with kitchens lounges and dining areas. There is access to a garden for residents use.

2.0 Inspection summary

An unannounced inspection took place on 29 January 2026, from 09.45 am to 3.30 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 areas for improvement identified, by RQIA, during the last care inspection on 7 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be delivered in a compassionate manner. Staff had good knowledge and understanding of residents individual needs.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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 at the time of the inspection. Staff had accompanied residents to their planned day care opportunities.

Staff raised no concerns about staffing levels, the support provided in the home or the care being provided to residents.

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 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.

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. For example, staff were available to accompany residents to their day care facilities in the morning.

Review of the system to manage the registration of care staff evidenced that staff were appropriately registered with the Northern Ireland Social Care Council.

Review of the staff rota and discussion with the manager identified that the manager was not in full time day-to-day charge of the home, with the majority of their working week based in an office at a separate location.

This arrangement is not adequate to ensure effective daily management oversight of the registered residential care home. This area for improvement has been stated for a second time.

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 residents' 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.

Where a resident was at risk of falling, measures to reduce this risk were put in place including, staff support and planned routes for outings.

Review of the dining rooms identified that the menu was not displayed in a suitable format or location for residents to see what meal was being served throughout the day. This was discussed with staff and an area for improvement has been stated for a second time.

A record of the planned menu over a three week period was evident in individual resident care records, however, there was no documented reason for any variance to the planned menu. An area for improvement was identified.

Staff understood that meaningful activity was not isolated to the planned social events or games. Review of care records evidenced an individual activities schedule was in place, which was meaningful to each resident.

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 should be developed to direct staff on how to meet residents' needs and include any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

While care records were in place for a catheter and for a fluid intake restriction, they lacked detail as to the action to be taken in the event of catheter issues or what the fluid intake restriction was. This was brought to the attention of the manager for her action and an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was generally tidy and warm and some improvement has been seen in the overall maintenance of the home; however, areas including painting, a broken toilet cistern and a missing toilet roll holder required addressing. An area for improvement was identified.

The home was generally clean and domestic cleaning was observed to be taking place in the home. A number of hand towel dispensers did not contain hand towels. This was brought to the attention of the manager who agreed to address this. This will be reviewed at a future inspection.

The laundry room was unlocked with access to cleaning and laundry chemicals in cupboards and an electrical control panel/boiler was accessible in a kitchen. This area for improvement has been stated for a second time.

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 manager in this home since 1 April 2005.

Review of the system for monitoring the quality of care, other services and staff practices in relation to care records and infection prevention and control oversight identified that oversight was not robust in identifying omission in care records, environmental deficits and oversight records for hand hygiene. This area for improvement has been stated for a second time.

Review of oversight records for compliments and complaints identified that no record was in place. This was discussed with the manager who agreed to put a record in place and this will be reviewed at a future inspection.

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*	6*

* the total number of areas for improvement includes one regulation and three standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Bernice Kelly, 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 14 (2) (a) **Stated:** Second time **To be completed by:** 29 January 2026	The Registered Person shall ensure electrical panels and cleaning/laundry chemicals are stored securely. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Complete When the Inspector observed the door unlocked, staff were completing cleaning tasks. The people we support were not in the Service at this time. The electric control panel is not within the laundry room.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 20.2 **Stated:** Second time **To be completed by:** 30 January 2026	The Registered Person shall ensure that the registered manager delivers services effectively on a day to day basis in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Complete The Service Manager is in the Service regularly. An appointed person in charge either a Deputy Service Manager or Senior Support Worker is identified on every shift when the Service Manager is not in the Service.
Area for improvement 2 **Ref:** Standard 12.4 **Stated:** Second time **To be completed by:** 30 January 2026	The Registered Person shall ensure a daily menu is displayed in a suitable place and in a suitable format to ensure residents and their representatives know what is available at each mealtime. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Complete. Person centred menus are located within a suitable location, namely within the individual we supports person centred portfolio. This is a location which can be accessed by the people we support during their short break.

	The menus were displayed in a suitable format including the use of written word and pictures, during the inspection.
Area for improvement 3 **Ref:** Standard 20.10 **Stated:** Second time **To be completed by:** 30 January 2026	The Registered Person shall ensure a record to evidence manager oversight and review of care records and Infection Prevention and Control measures, is in place and action is taken when necessary. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: A record of Service audits have always been recorded. A new template has been designed and will be implemented by 31.05.2026.
Area for improvement 4 **Ref:** Standard 12.14 **Stated:** First time **To be completed by:** 30 January 2026	The Registered Person shall ensure a record is kept of any variation to the planned menu. Ref: 3.3.2
	Response by registered person detailing the actions taken: Complete. A recorded of planned menu over a three-week period was evident in individual person centred portfolios. The menu is planned around each person we support's likes and dislikes, and changes to reflect the choice of food identified by them or their family/ carer. A comment section is on the weekly menu where any change of the menu is recorded.
Area for improvement 5 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 30 January 2026	The Registered Person shall ensure care records contain sufficient detail to direct staff as to the care required for residents with catheter care needs and restricted fluid intake. Ref: 3.3.3
	Response by registered person detailing the actions taken: Complete. The Service Manager engaged with family of the person we support to request medical guidance regarding restricted fluid intake. This guidance has now been provided and is updated in the relevant person centred portfolio record.

Area for improvement 6 **Ref:** Standard 27 **Stated:** First time	The Registered Person shall ensure maintenance or repair is completed to areas including painting walls, a broken toilet cistern and a missing toilet roll holder. Ref: 3.3.4
To be completed by: 15 February 2026	**Response by registered person detailing the actions taken:** Complete. All aspects of maintenance detailed has been completed. This has recently been reviewed by Operations Manager during checks.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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