

Unannounced Care Inspection Report 23 and 24 February 2017



Positive Futures Wheatfield

Type of service: Residential care home
Address: 1 Wheatfield Gardens, Belfast, BT14 7HU
Tel No: 028 9018 3277
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Positive Futures Wheatfield Short Break Service took place on 23 February 2017 from 10.00 to 12.25. Further information was obtained during a visit to the Belfast offices of Positive Futures on 24 February 2017 between 10.00 and 11.05.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Bernice Kelly, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Positive Futures/Agnes Philomena Lunny	Registered manager: Mrs Bernice Kelly
Person in charge of the home at the time of inspection: Dillon McMahon, senior support worker	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning Disability – over 65 years	Number of registered places: 5

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection on 23 February 2017 the inspector met with one resident and two care staff. No visiting professionals and no residents' representatives were present. On 24 February 2017, the inspector met with the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment checklist

- Care records of two residents
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 23 August 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. The registered manager advised that competency and capability assessments were completed annually. This represented good practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager received written confirmation that all documentation, including enhanced AccessNI disclosures, was viewed by the organisation for all staff prior to the commencement of employment. The registered manager maintained a tracker for recruitment information. This was reviewed during the inspection and found to be comprehensive.

There were arrangements in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that copies of staff registration certificates were retained by the organisation's personnel department. Both individual staff members and the organisation received reminders from professional bodies of the dates of renewal and/or payment of annual fees. Staff confirmed that registration with professional bodies was discussed during team meetings and in staff supervision.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager advised that no adult safeguarding issues had arisen since the last inspection. In the event of such issues arising, all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). This policy was unchanged and was therefore not reviewed on this occasion.

The registered manager confirmed there were restrictive practices employed within the home, notably locked internal and external doors with keypad entry systems and a stair gate at the top of a flight of stairs. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described. A restrictive practice assessment was also completed for each person who was supported by the short break service. This represented good practice.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. Discussion with the registered manager confirmed that if individual restraint were to be employed, the appropriate persons / bodies would be informed.

The registered manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The organisation also maintained a corporate risk register.

Staff in the home advised that equipment and medical devices in use in the home were well maintained and regularly serviced. This was confirmed through inspection of maintenance records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The home was fresh-smelling, clean and appropriately heated. There were no obvious hazards to the health and safety of residents, visitors or staff. It was noted, however, that there was a crack in the wall of one bathroom and that the paintwork was damaged. The registered manager advised that this was already identified as being in need of repair and that there were plans in place to address this.

The home had an up to date fire risk assessment in place dated 24 May 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed at three to four times each month. This was to ensure, as far as possible, that each person supported by the short break service was involved in an evacuation exercise. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and emergency lighting were checked monthly and fire alarm systems and fire doors were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

A staff member who spoke with the inspector made the following comment:

- “My induction was excellent. It was very thorough and prepared me well to work in this service. Although I’m still on probation, I’m working well with the support of my colleagues.”

Five completed questionnaires were returned to RQIA from residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff were as follows:

- “There is always the correct number of staff on shift. Staff induction and training is good. The premises are suited as well as possible to the variety of service users who avail of the service.”
- “Risks are noted and discussed prior to any activity or outing – these are all planned with the individual’s needs in mind. The training provided was thorough and highlighted the importance of good practice when providing support.”
- “I have worked in a nursing home before this job and can honestly say I’ve learned so much here, how much care the people we support get and how happy they are is a lovely quality at Wheatfield Short Break Service.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with staff established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of two residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. communication, positive behaviour management, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. It was noted that care records clearly reflected a person centred approach across all aspects of the delivery of care. This was to be commended.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection. Residents or their representatives had signed confidentiality agreements in relation to access to records. This represented good practice.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents, complaints and the home's environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Staff advised that they made contact with families of the people supported by the short break service before and after each respite period to ensure that the most up to date information was exchanged. Staff also advised that a two way communication diary was used to ensure good liaison between the short break service and day care centres. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Staff confirmed that arrangements would be put in place, in line with the legislation, to support and advocate for residents, although this would be arranged by trust staff, if required.

Five completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff were as follows:

- "Great care is taken to ensure that the support provided is completed with the person we support as the central focus – whether planning meals, activities or otherwise. All staff communicate well to maintain consistency of support given."
- "Records are kept at a high standard and reviewed regularly. Each person's needs are outlined in their person centred portfolio. Staff meetings are regular and centre on the people we support."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Inspection of care records identified that the indicators of when residents may be experiencing pain were noted within care plans and that the management of such pain was described.

The registered manager and staff confirmed that consent was sought in relation to care and treatment. Discussion with staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to describe how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. The monthly monitoring visit reports contained evidence of residents and their representatives being approached to obtain their views and opinions on the services provided by the home. Users of the short break service and their representatives were also encouraged to give feedback on the services provided during the annual reviews of care.

Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff described how activities for each person who was due to use the short break service were discussed during the weekly staff team meetings and every effort was made to ensure that individual preferences were met.

Five completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from staff were as follows:

- “The people we support are involved and encouraged to make choices over their meals and activities – their choices are respected and included in the care plans if successful.”
- “Staff do their best to gain the opinions of the people we support through talking to them and observation of preferences in practice.”
- “The staff are very compassionate here. As I’m only new (staff in the home) this is really lovely to see. The service users are comfortable. Staff work well and really look after each other and the people we support.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Information Handbook, also available in an easy read version, and in the written support agreement. Discussion with staff confirmed that were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. No complaints had been received since 2014. The registered manager advised that, should complaints be received more frequently, a regular audit of accidents and incidents would be used to identify trends and to enhance service provision. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from staff were as follows:

- "Management and senior staff are approachable and encouraging. Any concerns are listened to and responded to quickly."

- “Manager is approachable and there is a clear structure. Senior support workers are very often on the premises. Policies and procedures are on the premises and updates are discussed at team meetings and in supervision.”
- “My manager is very approachable. I ask a lot of questions and she is always happy to answer them.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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