



The Regulation and
Quality Improvement
Authority

Positive Futures Wheatfield
Short Break Service
RQIA ID: 1655
1 Wheatfield Gardens
Belfast
BT14 7HU

Inspectors: Alice McTavish
Priscilla Clayton
Inspection ID: IN022802

Tel: 02890183277

Email: bernice.kelly@positive-futures.net

Unannounced Care Inspection

of

Positive Futures Wheatfield Short Break Service

25 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 25 June 2015 from 14.45 to 17.40. On the day of the inspection we were unable to gain access to the care records and some redacted records were subsequently submitted to RQIA.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager, Bernice Kelly. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Positive Futures/Agnes Lunny	Registered Manager: Bernice Kelly
Person in charge of the home at the time of inspection: Bernice Kelly	Date manager registered: April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 5
Number of residents accommodated on day of inspection: 2 (one present during part of the inspection)	Weekly tariff at time of inspection: This information was not provided by the registered manager as it was considered to be commercially sensitive by Positive Futures.

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 1: Residents' involvement - residents' views and comments shape the quality of services and facilities provided by the home.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: the returned QIP from last inspection, notifications of accidents and incidents retained by RQIA.

During the inspection we met with three members of care staff. One resident was present but was unable to meet with us. No visiting professionals and no resident's visitors/representatives were present.

We were advised by the registered manager that Positive Futures was in the process of reviewing access to the personal records of people who may lack the capacity to give consent.

We requested that suitably redacted information in the following areas be sent to RQIA by 3 July 2015.

- care records of one individual to verify compliance with previous QIP
- accidents and incidents records
- verification of training dates for First Aid
- draft copy of guidance on continence promotion
- blank annual satisfaction questionnaire
- weekly tariff for care.

We inspected policies and procedures relating to complaints. We were advised that no complaints had been received since the date of the previous care inspection.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the Positive Futures Wheatfield Short Break Service was an unannounced estates inspection dated 12 February 2015. The completed QIP was returned and was approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.2	It is recommended that the care plan of one resident reflects the agreed personal continence check prior to discharge in order to minimise the recurrence of one issue raised via one complaint received. (Ref:10.7)	Met
	Action taken as confirmed during the inspection: A redacted extract from a care plan was reviewed. This documented that the care plan of one resident had been updated to reflect the agreed personal continence check prior to discharge.	
Recommendation 2 Ref: Standard 17.10	It is recommended that staff cease to leave gaps/spaces between daily recordings in care records.	Met
	Action taken as confirmed during the inspection: The redacted extracts which were received by RQIA indicated that gaps/spaces were not left between daily recordings in one care record.	
Recommendation 3 Ref: RQIA Guidance on Mandatory Training for Providers of Care In Regulated Services (2013)	It is recommended that First Aid and safeguarding training is provided annually and that the staff training matrix is reviewed and revised to reflect the recommended frequency of mandatory training.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records confirmed that safeguarding training had been provided. The registered manager advised us that First Aid training was in the process of being arranged. This was confirmed in documentation received by RQIA after the date of inspection. The registered manager provided verbal confirmation that the staff training matrix had been reviewed and revised to reflect the recommended frequency of mandatory training.	

Recommendation 4 Ref: Standard 27.1	The development of a cleaning schedule is recommended as duties in this regard are undertaken by support care staff when residents are at day care.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the cleaning schedule confirmed that cleaning duties were undertaken by support care staff when residents are at day care.	

Standard 1: Residents' involvement - residents' views and comments shape the quality of services and facilities provided by the home.

5.3 Is care safe? (Quality of life)

We interviewed staff members who confirmed that they actively seek the views of residents and of residents' representatives. Staff confirmed to us that views were incorporated into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We noted that there were policies in place regarding the management of complaints. In our discussions with the registered manager and staff we confirmed that staff training in the management of complaints had been provided in December 2014. The registered manager also confirmed that an information handbook is provided to residents and their representatives. She also advised us that the areas of residents' involvement and complaints are outlined in the handbook.

Is care effective? (Quality of management)

Staff advised us that a range of methods and processes were in place to facilitate residents' and their representatives' views. In our discussions with the registered manager and staff they advised us that a consultative exercise was undertaken annually; residents' families and representatives of the trust who commission the service were asked for their views on the services provided. We were unable to access the written comments obtained through the annual consultation.

The registered manager advised us that resident and residents' representative views were also sought during the monthly monitoring visits by the registered provider. The monthly monitoring visit reports were produced by the registered manager. Inspectors were able to verify that records of the reports were maintained, however, we were unable to verify the content of consultations with residents or their representatives.

The registered manager confirmed with us that care reviews were completed annually and that the views and comments of service users and their representatives were obtained and acted upon.

Is care compassionate? (Quality of care)

The registered manager advised us that Positive Futures avails of the participation of suitable, trained residents in the recruitment of new staff. In our discussions with staff members they advised us that service users were listened and responded to. We found staff members to be knowledgeable about the needs, preferences and abilities of the resident in so far as we could establish these without access to care records.

In our observations of staff interactions with a resident we were satisfied that the resident was treated with dignity and respect.

Areas for improvement

There was evidence of processes in place to capture the views and comments of residents. Examination of questionnaires completed by residents/residents' representatives would have provided robust evidence of issues raised by or on behalf of residents and actions taken as a result.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	---	-----------------------------------	---

5.4 Theme: Residents receive individual continence management and support**Is care safe? (Quality of life)**

The registered manager advised us that care plans detail the needs of residents in relation to continence, also that care plans were amended as residents' medical changes occurred. She further advised us that, should the continence needs of a resident change during the respite period, staff would liaise with the resident's family and with Trust staff. We noted that, in keeping with good continence management practice, staff members had received training in infection control.

Staff members we interviewed were able to demonstrate knowledge and understanding of continence care as it related to one individual accommodated.

We noted that there was adequate provision of continence products. Staff confirmed that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. In our inspection of the premises we noted no malodours.

Is care effective? (Quality of management)

On the day of inspection the home did not have a policy available relating to continence management. A draft guidance document on continence promotion was supplied to us after the inspection. This did not, however, reference current best practice guidance, nor did it provide guidance specific to continence promotion to the residents in the home. We made a recommendation that the draft guidance should be revised and issued to staff in order that this can be embedded into practice.

Is care compassionate? (Quality of care)

We were unable to observe care practices in detail within the home due to the particular needs of the resident. In our discussions with staff they were able to describe how residents were treated with care, dignity and respect.

Areas for improvement

Whilst we were unable to gain access to relevant records at the time of inspection which might have provided a higher level of assurance, we were satisfied that there were sufficient resources in place to adequately manage continence issues. There was one area of improvement identified with the theme inspected.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	---	-----------------------------------	---

5.5 Additional areas examined

5.5.1 Staff views/staff questionnaires

We met with two staff members who spoke positively about their role, duties, staff morale, teamwork and managerial support. Staff indicated that they felt well supported by training and are given the necessary resources to fulfil their duties. These views were further supported in the four completed staff questionnaires returned to us after the inspection.

5.5.2 Staffing

On the day of inspection the registered manager advised us that the following staff members were on duty:

- 1 manager
- 1 deputy manager
- 1 senior support worker
- 3 support workers

Two senior support workers and one support worker were scheduled to be on duty later in the day. One senior support worker and one support worker were scheduled to be on overnight duty. On the day of inspection we considered the staffing levels to be satisfactory.

5.5.3 Fire safety

The registered manager advised us that the home had a current fire safety risk assessment dated 10 June 2015. An inspection of documentation supplied after the inspection confirmed that all recommendations arising from this had been duly actioned. No obvious fire risks were noted on the day of inspection.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Bernice Kelly, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered persons to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.3 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.4 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.5 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered persons and detail the actions taken to meet the legislative requirements stated. The registered persons will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2015</p>	<p>The registered manager should ensure that the draft guidance relating to continence promotion is revised and issued to staff in order that this can be embedded into practice.</p> <p>Ref. section 5.4.</p>
<p>Response by Registered Person(s) detailing the actions taken: Actions have been agreed with the Operations Director (Acting) and Health and Safety Officer and the guidance will be approved and issued by 30 September 2015.</p>	

Registered Manager completing QIP	Bernice Kelly	Date completed	27.08.15
Registered Person approving QIP	Agnes Lunny	Date approved	02.09.15
RQIA inspector assessing response	Alice McTavish	Date approved	2 September 2015

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address



2 September 2015

Ms Alice McTavish
Inspector
RQIA, Floor 9
Riverside Tower, 5 Lanyon Place
Belfast
BT1 3BT

Dear Alice

Positive Futures Wheatfield Short Break Service RQIA inspection IN022802

I attach the revised Quality Improvement Plan relating to this inspection. Thank you for your further letter to Bernice Kelly (Registered Manager) responding to my letter requesting that provider comments be appended to the RQIA report.

While I acknowledge that some changes have been made to the draft report, in our view significant inaccuracies remain. Please see below our provider comments that should be added to the open report.

Report page	RQIA report excerpt	Positive Futures' comment on inaccuracy
1	This information was not provided by the registered manager as it was considered commercially sensitive by Positive Futures.	<p>There is no weekly charge by Positive Futures to the people who are referred by the Belfast HSC Trust to be supported by the Wheatfield Short Break Service.</p> <p>The Service is also available to personal funders (i.e. self-funders). For personal funders, charges are based upon the assessment of the individual's needs and the support required.</p>
6	Whilst we were unable to gain access to relevant records at the time of the inspection which might have provided a higher level of assurance...	<p>We have a duty to safeguard personal information relating to the people we support. Where possible, we have gained consent from the people we support to share their information with RQIA inspectors.</p> <p>All records relating to this Service, and the provision to individual people we support, are available to RQIA in accordance with Article</p>

Report page	RQIA report excerpt	Positive Futures' comment on inaccuracy
		<p>43(1) of the 2003 Order.</p> <p>To suggest that higher levels of assurance could be acknowledged if the provider gives access to confidential information without consent would be concerning.</p>
6	<p>On the day of the inspection the registered manager advised us that the following staff members were on duty...</p>	<p>There was no discussion between the Registered Manager and the inspectors about general staffing levels on the day of the inspection. There was discussion about the Registered Manager's own working hours.</p> <p>The inspectors discussed the support planner and staffing levels with another Positive Futures staff member. The staffing information in this section of the report is incorrect.</p>

I would request that this letter in its entirety is added to the inspection report, as provider comments, before it is published.

Thank you for your cooperation in this matter.

Yours sincerely



Paul Roberts
Managing Director