



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## **VARIATION TO REGISTRATION INSPECTION REPORT**

<b>Establishment ID No:</b>	<b>1655</b>
<b>Inspection No:</b>	<b>18625</b>
<b>Name of Establishment/Agency:</b>	<b>Positive Futures Wheatfield Short Break Service (Formerly 36 Squires Hill Crescent)</b>
<b>Inspector's Name:</b>	<b>Lynn Long</b>
<b>Date of Inspection:</b>	<b>24 June 2014 &amp; 30 July 2014</b>

**1.0 GENERAL INFORMATION**

<b>Name of Establishment/Agency:</b>	Positive Futures Wheatfield Short Break Service (Formerly 36 Squires Hill Crescent)
<b>Address:</b>	1 Wheatfield Gardens Belfast BT14 7HU
<b>Telephone number:</b>	Apartment 1A 028 9018 3131 Apartment 1B 028 9018 3132 Apartment 1C 028 9018 3133 Staff Room 028 9018 3134
<b>Registered Organisation/ Responsible Individual:</b>	Positive Futures Mrs Agnes Lunny
<b>Registered Manager:</b>	Mrs Bernice Kelly
<b>Person-in-charge of the establishment/agency at the time of inspection:</b>	Mrs Bernice Kelly
<b>Categories of Care:</b>	LD, LD(E)
<b>Maximum number of places registered:</b>	2 Increasing to 5 post inspection
<b>Date and time of inspection:</b>	24 June 2014 & 30 July 2014 10.00-12.00 09.30-11.00
<b>Name of inspectors:</b>	Lynn Long (care) Gavin Doherty (estates) day one Colin Muldoon (estates) day two

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Residential Care Homes. A minimum of two inspections per year are required and this may be announced or unannounced.

## **3.0 PURPOSE OF PRE-REGISTRATION INSPECTION**

The purpose of this pre-registration inspection is to determine compliance with:

- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005;
- The Residential Care Homes Regulations (Northern Ireland) 2005

The inspection will also determine that persons applying to be registered with RQIA have knowledge of the above legislation and the DHSSPS Minimum Standards for Residential Care Homes (August 2011).

## **4.0 METHODS/PROCESSES**

The methods/process used in this inspection included the following:

- review of the submitted self-assessment information/application pack
- discussion with Mrs Bernice Kelly, registered manager;
- discussion with staff;
- assessment of the environment;
- review of documentation required by legislation and good practice; and
- evaluation and feedback.

## 5.0 PROFILE OF ESTABLISHMENT/AGENCY

Wheatfield Short Break Service residential care home is a purpose built residential home situated in a residential area of North Belfast. The home is on a main arterial route into the city centre on a public transport route. The residential home is owned and operated by Positive Futures. Mrs Bernice Kelly is the registered manager of the home and has been registered manager since 2005.

Application has been submitted to the RQIA for a variation to the conditions relating to the existing registration. The application made was to approve a move to new purpose built premises and increase the provision of registered beds from two to five. The establishment's statement of purpose outlines the range of services provided.

Wheatfield Short Break Service provides services to residents with a learning disability, some of whom may have complex needs, high levels of dependency and may present with behaviours that are challenging to others. Respite is available on a regular basis of two-three days and up to 10-14 days at a time.

The home comprises of three self-contained apartments.

Apartment 1A is situated on the ground floor. It has an entrance on the ground floor and comprises: A kitchen/dining area, lounge and two ensuite bedrooms.

Apartment 1B is situated on the first floor. It has a separate entrance on the ground floor with stairs to the first floor. It is also accessible via Apartment 1C if the lift has been used. Apartment 1B comprises: A kitchen/dining area, lounge and two ensuite bedrooms.

Apartment 1C has communal areas on the ground floor and bedroom accommodation on the first floor. Apartment 1C has a separate entrance and comprises: A kitchen/dining area, lounge, (ground floor), a lift, and one ensuite bedroom (first floor). Apartment 1C also houses a communal utility area, staff room, staff toilet, sleepover room and storage space.

A secure communal area is accessible to residents via the ground floor of Apartment 1C.

The home is registered to provide care for a maximum of 5 persons under the following categories of care:

### Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

Following this inspection registration of the new premises and the increase in approved places to five is recommended.

A certificate of registration will be issued by RQIA reflecting the change of address and the increased number of approved places.

## **6.0 SUMMARY**

An application was submitted to RQIA by Positive Futures to vary the current registration of 36 Squires Hill Crescent residential care home. The residential care home was initially registered with RQIA in 2005 at 36 Squires Hill Crescent and the application made was to move the premises to a new address, change the name of the service and increase the number of beds from two to five. Mrs Bernice Kelly is the registered manager registered with RQIA since 2005.

The focus of the inspection was to review the readiness of the residential home for the provision of residential care for residents associated with the application of variation for new premises and increased number of beds.

The variation application submitted to RQIA together with plans of the new premises was reviewed as part of the inspection process.

The new premises comprise of three self-contained apartments. There are five ensuite bedrooms across the three apartments with two apartments containing two ensuite bedrooms and one apartment with one ensuite bedroom. All three apartments have separate kitchen and lounge areas. A lift is available and is accessible by all three apartments. Communal utility and storage facilities are available in one of the apartments.

The inspection which commenced on the 24 June 2014 could not be concluded on this date. It was concluded at a second visit on 30 July 2014. The inspection was carried out by Lynn Long, care inspector on both dates. Mr Gavin Doherty, estates inspector, also undertook day one of the inspection on 24 June 2014 with Mr Colin Muldoon, estates inspector, concluding the inspection on 30 July 2014. The estates inspection report will be issued under separate cover.

Mrs Bernice Kelly, registered manager was available on both inspection dates and verbal feedback was given to Mrs Kelly at the conclusion of both inspection dates.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

The care inspector reviewed the updated statement of purpose, resident guide and complaints procedure which reflected the new arrangements in the home and were in line with legislative and best practice guidance.

A comprehensive range of policies and procedures were in place, in keeping with those listed in the DHSSPS Residential Care Homes Minimum Standards. Policies and procedures have been updated to reflect the change of premises.

Discussion and observations made during the inspection evidenced that appropriate systems and processes were in place for the recruitment and selection of staff, training and supervision of staff, management of records and maintaining service user confidentiality.

The care inspector discussed the staffing arrangements with Mrs Kelly. Mrs Kelly confirmed that although they are registering five beds at present they only have plans to utilise two beds. Therefore no change to staffing is required. As they increase the number of residents using the service Mrs Kelly confirmed that staffing numbers will be increased to meet the needs of the residents.

The inspectors undertook a tour of the recently completed premises. All areas were finished to a high standard and were well decorated. Some snagging work was in progress during the inspection.

A number of environmental issues were identified during day one of the inspection. Although the physical structure of the building had been completed the home was not ready to accommodate residents the following day as planned. Furniture, beds, bedding and soft furnishings were not available. Inspectors also observed that the newly built premises did not have a resident/staff call bell system installed.

These issues were discussed at length with Mrs Kelly who was informed that until they were resolved the application for variation to the registration could not be approved.

Mrs Kelly contacted the care inspector by telephone and confirmed that the relevant issues had been resolved. A further visit was arranged to take place on 30 July 2014. It was confirmed that the issues which had been identified during day one of the inspection had been resolved.

On day two of the inspection it was observed that the windows had not been restricted to ensure resident safety, wardrobes had not been secured to the walls and cupboards which would be used to store items which may cause risk to residents, including medications had not been secured.

In addition to these issues the estates inspector was unable to review certification in relation to the access doors and required confirmation that the fire doors were closing fully. The relevant certification and confirmation that all of the issues identified during day two had been addressed was provided to RQIA by Mrs Kelly on 4 August 2014. Following this it was confirmed that the application to vary the registration had been approved.

No requirements and no recommendations were made as a result of the variation to registration care inspection.

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this home is recommended. No requirements relating to the matters set out above have been made in the inspection report.

The inspector wishes to thank Mrs Bernice Kelly and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

## **7.0 INSPECTION FINDINGS**

### **7.1 Statement of purpose**

A Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 3 and 3(a) Schedule 1 of The Residential Care Homes Regulations (Northern Ireland) 2005.

### **7.2 Patient / resident /service user guide**

A Resident's Guide was prepared in a recognised format which covered the key areas and themes specified in Regulation 4 of The Residential Care Homes Regulations (Northern Ireland) 2005.

### **7.3 Complaints**

The home operates a complaints policy and procedure in accordance with the Department of Health, Social Services and Public Safety (DHSSPS) guidance on complaints handling in regulated establishments and agencies (April 2009) and Regulation 24 of The Residential Care Homes Regulations (Northern Ireland) 2005 and the Health and Social Care Complaints Procedure Directions (Northern Ireland) 2009.

### **7.4 Administration**

#### **(a) Policies and procedures**

The inspector observed that a range of policies and procedures were in place. The policies and procedures were centrally indexed and easily accessible to staff. Policies and procedures had a date of implementation and planned review.

#### **(b) Care records**

Discussion with staff and observations made during the inspection evidenced that appropriate systems and processes were in place for the management of care records and maintaining resident confidentiality.

### **7.5 Planned qualitative service provision**

The home has a clear organisational structure in place and it is detailed in the Statement of Purpose. A review of the Statement of Purpose identified that there are good governance arrangements in place including consultation with residents regarding the operation of the service.

Staff training is ongoing within positive futures.

## **7.6 Staffing**

The care inspector discussed the staffing arrangements with Mrs Kelly. Mrs Kelly confirmed that although they are registering five beds at present they only have plans to utilise two beds. Therefore no change to staffing is required. As they increase the number of residents using the service Mrs Kelly confirmed that staffing numbers will be increased to meet the needs of the residents.

## **7.7 Staff training**

Positive futures have an induction programme in place for newly appointed staff and staff training is ongoing within positive futures and this service specific to the needs of the residents who use the service.

## **7.8 Infection prevention and control**

There are policies and procedures in place for infection prevention and control.

## **7.9 Environment**

The inspectors undertook a tour of the recently completed premises. All areas were finished to a high standard and were well decorated. Some snagging work was in progress during the inspection.

A number of environmental issues were identified during day one of the inspection. Although the physical structure of the building had been completed the home was not ready to accommodate residents the following day as planned. Furniture, beds, bedding and soft furnishings were not available. Inspectors also observed that the newly built premises did not have a resident/staff call bell system installed.

These issues were discussed at length with Mrs Kelly who was informed that until they were resolved the application for variation to the registration could not be approved.

Mrs Kelly contacted the care inspector by telephone and confirmed that the relevant issues had been resolved. Subsequently a further visit was arranged to take place on 30 July 2014. It was confirmed that the issues which had been identified during day one of the inspection had been resolved.

On day two of the inspection it was observed that the windows had not been restricted to ensure resident safety, wardrobes had not been secured to the walls and cupboards which would be used to store items which may cause risk to residents, including medications had not been secured.

In addition to these issues the estates inspector was unable to review certification in relation to the access doors and required confirmation that the fire doors were closing fully. The relevant certification and confirmation that all of the issues identified during day two had been addressed was provided to RQIA by Mrs Kelly on 4 August 2014.

Following this it was confirmed that the application to vary the registration had been approved.

## **QUALITY IMPROVEMENT PLAN**

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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 Authority would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Lynn Long  
Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



No requirements or recommendations resulted from the pre-registration inspection of **Positive Futures Wheatfield Short Break Service** which was undertaken on **24 June and 30 July 2014** and I agree with the content of the report. Return this QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk).

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Bernice Kelly
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Agnes Lunny

<b>Approved by:</b>	<b>Date</b>
Lynn Long	26/11/14