



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 20 and 21 November 2019



Positive Futures Wheatfield Short Break Service

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

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 with a learning disability and complex needs.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual: Agnes Philomena Lunny	Registered Manager and date registered: Bernice Kelly 1 April 2005
Person in charge at the time of inspection: Stephen Ross, Support Worker	Number of registered places: 5
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 3

4.0 Inspection summary

An unannounced inspection took place on 20 November 2019 from 10.35 to 12.40 hours and from 09.30 to 10.30 in the Belfast office of Positive Futures.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the value placed by staff on meeting the individual needs of the people supported in the short break service and the high levels of preparation and training provided to staff. No areas requiring improvement were identified

On this occasion two people supported in the short break service were away from the home. Staff explained that the remaining person did not respond well to the presence of unfamiliar people.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 March 2019

No further actions were required to be taken following the most recent inspection on 22 March 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the last care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

One questionnaire was returned by a person who uses the short break service; the respondent indicated a high level of satisfaction with all aspects of care provided in the home. Two members of staff returned questionnaires; both respondents indicated a high level of satisfaction.

During the inspection a sample of records was examined which included:

- staff duty rotas from 18 November to 1 December 2019
- staff training schedule and training records
- staff recruitment checklist and staff induction records
- two residents' records of care
- governance audits/records
- reports of visits by the registered provider from January to September 2019
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 22 March 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager and staff on duty confirmed that staffing was safe and kept under review. We saw that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We looked at the recruitment checklist sent to the manager to confirm that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

We spoke with staff who told us that they had a good induction to working in the home and that they got regular supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

All senior care staff had an assessment of their competency and capability to ensure that they could take charge of the home when the manager was not on duty. The manager reported that these were reviewed every year to ensure that it was always current. This represents good practice.

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that there was a system in place to check these regularly.

Staff were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the levels of staffing to meet the individual needs of residents and to staff induction and training.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We were assured that the people supported in this home were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Staff were aware of the importance of effective communication within the team and described how the staff notice board, the diary, the communication book and written handover records were used to exchange information.

Staff described a robust assessment and admissions process before residents came to use Wheatfield Short Break Service. When risks were identified and assessed, a plan was put in place to meet the care needs of the person receiving the support and to reduce any risks. Staff described how there was good working relationships between professionals and how this contributed towards effective care for the people supported by this service.

The care records for people supported in the short break service were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of the individuals.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the person supported by the service, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date. Staff told us that a learning log was maintained for each person supported by the service; this was an analytical tool which identified successful support strategies and was shared across the staff team to ensure continuity of care. This represents good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the wishes, interests and preferences of people supported by the short break service were reflected in care records. There was information about what activities each individual liked to do and daily routines were recorded. We also saw that the care records noted preferences for getting up or going to bed, methods of communication and how best to support the users of the service through the use of stress and coping plans. We saw that there were written consents signed by the person supported in the short break service or their representative. We also saw that care plans, risk assessments and information provided to residents were provided in easy read versions. This was good practice.

Staff told us that individuals' routines depended on what they wanted to do and that the staff took a flexible approach. A range of activities was available and staff worked to make sure that each person supported by the service could have access to meaningful pastimes, hobbies, crafts or outings.

The people supported in the short break service and their families were consulted about the quality of care and environment each year. Staff told us that the responses from the latest survey were currently being collated and the summary report and action plan would be made available for residents and other interested parties to read. The report was also produced in an easy read version.

Staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing the people supported in the short break service and their families.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to the people supported by the short break service.

The manager completed a range of managerial tasks to ensure that the home ran well. She regularly reviewed areas such as accidents and incidents and looked for any ways in which the service could be improved. The manager made sure that staff were properly supported to do their jobs through providing training, resources and support.

The manager dealt with any complaints raised by the people supported by the short break service or their family members. We looked at the system for managing complaints and saw that these could be managed appropriately. Staff told us that they would not hesitate to raise issues with the manager, if needed. The manager also shared compliments received from residents, their families and professionals as this was important for staff morale and learning.

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in Human Rights and Restrictive Practice and in Positive Behaviour Support.

We looked at the minutes of staff meetings and saw that meetings were held regularly. This provided the opportunity for information to be shared with the staff team about any issues arising.

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between January and September 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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