



Unannounced Follow Up Care Inspection Report 22 March 2019



Positive Futures Wheatfield Short Break Service

Type of Service: Residential Care Home
Address: 1 Wheatfield Gardens BT14 7HU
Tel No: 02890183277
Inspector: Kate Maguire

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 5 beds and 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: Bernice Kelly
Person in charge at the time of inspection: Wilfred Oriaifo	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 5 – RC-I

4.0 Inspection summary

An unannounced inspection took place on 22 March 2019 from 10.00 to 11.20

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) Northern Ireland Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The following areas were examined during the inspection:

- staffing –
- environment
- care planning

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Wilfred Oriaifo an agency support worker, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records the previous inspection report, duty calls and notifications.

During the inspection the inspector met with one resident and three staff.

The following records were examined during the inspection, a care plan for the resident currently having respite at the home.

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 most recent inspection dated 25 May 2019

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified.

6.2 Inspection findings

Staffing

On arrival to one of the self-contained apartments there were three staff on duty and only one resident. On first impressions the inspector thought this was too many staff and that the resident might have felt crowded. However it was explained to the inspector that one of the staff was there to observe as she had not worked with the resident before but would be in the future. This additional member of staff finished at around 11.00am after the morning routine had been completed. This left two members of staff on duty as the resident requires the support of two staff. Both of the staff were very experienced as carers but what came across most was their compassion and understanding of the resident. The person in charge met privately with the inspector. Throughout the discussion was a deeply held value base of compassion, safety and respectful care delivery. The staff member articulated the values of the organisation and how this translated into the direct care of the residents. He said that the manager had a strong value base and this is reflected in the attitudes of staff as high standards are set. When asked the question “is care compassionate?” in the home the staff member replied

“Yes absolutely we care about our residents, each person is unique. This is short stay and when the residents are here it’s all about them, they get good attention.”

There was another resident staying in the apartment upstairs. Again this resident was also in receipt of two to one support and at the time of the inspection both staff had taken him out for a drive as per his care plan.

Area of good practice

The member of staff who was observing how to manage the resident’s morning routine had been working in the home for around seven months. However she was not familiar with this particular resident. It is excellent practice that staff are introduced to residents in the way giving them time to get to know each other.

Care Planning

On arrival to the first apartment the inspector asked to see the apartments layout. On walking past the bedroom door of one of the residents a noticeboard had been secured to the wall. The resident's photograph was on the board and a chart was also there which gave a visual display of the daily routine for the resident this was done using pictures instead of words. The resident was aware of his routine and it had been followed as stated. This is important to the resident who likes to know what is in his day and appreciates structure and plans. He dislikes deviating from the routine and this can be a trigger for challenging behaviours. The environment is also made safe for his arrival and various items that may be of risk are removed, plug sockets are protected. However the resident enjoys picking off stickers so the staff put stickers around the apartment which he can find and remove. This was a lovely example of something unique to this resident which is accommodated specifically for him. The board also contained a star based reward system which is in place. The resident puts his own stars on the board as he achieves each of his daily goals.

The inspector also read through the careplan for the resident and this too was written in a person centred way especially for him. The plan included what he liked and disliked in terms of meals, snacks and liquids. The plan also discussed activities and interests and what has the potential to upset or distress him. The plan also explained how staff should prepare for the visit in terms of the environment and in particular his bedroom and his personal choices. Each element of the careplan is developed around the resident assessed needs. This makes it unique and quite specific but which tells the story of the resident and what is needed to be in place to keep him safe, content and stimulated. Each component of the careplan is reviewed and signed on at least an annual basis or earlier if required.

Areas of good practice

A careplanning and delivery model that puts the residents at the centre of individual, bespoke care plans created around their needs, likes and dislikes.

The environment

On entering the apartment it immediately presented as very clean, tidy and homely. The kitchen is small but perfect for preparing meals and dining as a small table adequately sits three people is available. All of the cupboards are locked in the kitchen from a health and safety point of view but residents can have access to snacks etc. by asking staff. On this particular day various items had been removed in compliance with the careplan of the resident who was enjoying a short stay. The TV had protective glass which could be locked or unlocked depending on the needs of the residents. Despite this the TV is visible and this action appears to be a good solution. The living room was fitted with domestic style furniture but some of the ornaments and soft furnishings had been removed. The inspector was able to see that these items had been stored in a spare bedroom and would be replaced as and when appropriate.

Residents can choose their own bedding and can bring other personal item with them to have throughout their stay. This is very important as these belongings can help to settle the residents when they come to the home.

The homes front door is secured with a key pad and this is in keeping with the residents' care plan as a means of keeping residents safe as the home is on a corner of a busy main road. The back door to the apartment is not locked it goes to the communal hall of the apartments where a lift is situated. The current resident has been discouraged from using this door because of the lift this is managed by a visual sticker on the door indicating not to use the door. Staff also offer the resident encouragement to comply with this and it appeared to be working.

Medicines and residents records were kept in a locked hall cupboard in the apartment. A locked medicine cabinet is also available for the storage of all medicines.

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)