

Inspection Report

2 November 2023



Faith House

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Board of Trustees - Faith House	Registered Manager: Mrs Jane Moore
Responsible Individual Mr Mervyn Wishart	Date registered: 5 June 2019
Person in charge at the time of inspection: Mrs Jane Moore	Number of registered places: 32
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 32 residents. Residents' bedrooms are located over three floors and all residents have access to the communal bathrooms, lounge areas, a tea room, a large dining room and the garden area. There is a Nursing Home which occupies part of the first floor and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 2 November 2023, from 9.00 am to 4.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in Faith House during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting and joking with them in a respectful and pleasant manner.

Residents told us that they were happy in Faith House and that the staff helped them when they needed help.

Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and their relatives are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

New areas requiring improvement were identified with regards to the updating of care documentation and the storage of personal protective equipment (PPE).

RQIA were assured that the delivery of care and service provided in Faith House was safe, effective, compassionate and that the home was well led. Addressing the area for improvement will further enhance the quality of care and services in Faith House.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "I am happy and content here, I have no concerns," "the staff are wonderful, they are so kind and thoughtful" and "I feel safe and well looked after."

Staff told us, "it is very good here, we are well supported," and "I like it here, we spend a lot of time with the residents' chatting to them."

Workmen visiting the home told us, "this place is excellent, one of the best places, the staff are very attentive."

Three questionnaires were received, one from a family member, a second from a resident and a third, who did not indicate whether they were a resident or family member. All respondents confirmed that they felt the care in Faith House was safe, effective and compassionate and that the home was well led. Comments from the respondents were shared with the manager for action if required.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 rd February 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (3)	The registered person shall ensure that monthly monitoring visits on behalf of the registered provider are unannounced.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 25.1 Stated: First time	<p>The registered person shall ensure that there is a review of the actions to take when a person cannot attend work due to unplanned leave, to ensure that there is enough staff on duty meets the assessed care of the residents.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were systems in place to monitor staffs' registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), Mental Capacity Act and safeguarding. It was positive to note that domestic staff had received bespoke training for their role in the form of the British Institute of Cleaning Science, (BICS), staff told us that they had found this training very useful.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, "the training here is great, we get lots of it."

Staff told us that the residents' needs and wishes were very important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day.

A visitor to the home confirmed that they were very happy with the care provided and commented, "everyone is so good."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. Residents care plans and falls risk assessment were updated appropriately.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were observed providing additional support to one resident who needed help, using gentle encouragement, prompting and humour.

Residents told us, "the food here is lovely, you get lots of it."

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The daily menu was on display and staff confirmed that choices for meals were always offered.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed to ensure they continued to meet the residents' needs. However, it was evident from the care files reviewed that resident information had not always been updated with some care plans and risk assessments offering conflicting information. This was discussed with the manager and an area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. One resident commented "the place is cleaned every day; it is very clean." Another resident said, "my room is clean and tidy, the domestic staff are great."

Corridors were clean and free from clutter, hazards and fire doors were unobstructed. Areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

There was evidence throughout the home of 'homely' touches such as art work, photographs and thank-you cards on display throughout the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The most recent fire risk assessment was completed on 4 September 2023, actions from this risk assessment have been completed.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home. However, it was noted that PPE was being stored inappropriately, for example aprons were draped over handrails, creating a potential infection control risk. This was discussed with the manager and an area for improvement was identified.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures had been completed.

5.2.4 Quality of Life for Residents

Discussion with residents and staff confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that residents were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities such as arts and crafts, church services, quizzes and music. One resident said, "there are great activities, it keeps you occupied."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Jane Moore has been the Manager in this home since 5 June 2019.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Jane Moore was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. All these visits were unannounced. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jane Moore, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2023</p>	<p>The registered person shall ensure that all residents' records are accurate and up to date.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Management overseeing resident records at present as the home moves to a computerised system, files are being audited for accuracy and being up to date</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection 2 November 2023</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • the correct storage of personal protective equipment (PPE) <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Management overseeing storage of PPE, aprons being provided on rolls which are stored in appropriate stations.</p>

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