



Announced Care Inspection Report

4 June 2019



Faith House

Type of Service: Nursing Care Home
Address: 25 Orpen Park, Belfast, BT10 0BN
Tel No: 028 9061 2318
Inspector: Patricia Galbraith

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 registered residential care home which provides care for up to 31 residents. .

3.0 Service details

Organisation/Registered Provider: Board of Trustees – Faith House Responsible Individual: Mervyn Wishart Board of Trustees – Faith House	Registered Manager and date registered: Jane Moore Registration Pending
Person in charge at the time of inspection: Jane Moore	Number of registered places: 31
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Total number of residents in the residential care home on the day of this inspection: 26

4.0 Inspection summary

An announced inspection took place on 4 June 2019 from 09.20 hours to 16.30 hours
 This inspection was undertaken by care and estates inspectors.

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

Areas for improvement in respect of previous estates inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

No new areas for improvement were identified.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	1*

*The total number of areas for improvement include one which have been stated for a second
Details of the Quality Improvement Plan (QIP) were discussed with Jane Moore, manager , as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 20 February 2019

The most recent inspection of the home was an unannounced care inspection on 20 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, registration information, and any other written or verbal information received. For example serious adverse incidents.

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

- staff duty rotas from 27 May 2019 to 9 June 2019
- staff training schedule and training records
- staff supervision and annual appraisal schedules
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider monthly monitoring
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement one area was not met and has been included in the QIP at the back of this report.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement two were met, none were partially met or not met.

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.

Staffing levels within the home were reviewed and discussed with the manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of individual residents needs are met. We asked residents and their visitors about staffing levels and none expressed any concerns. Several residents spoke positively about the home to the inspector, including comments such as:

“Staff are amazing.”

“This place is so homely.”

“Great place and great staff.”

“Staff go out of their way to help you and the place is so clean.”

A review of the staffing rota showed that it accurately reflected the all staff working in the home; all staff who were duty to be on duty were and were carrying out their designated duties. There were enough staff on duty to attend to residents’ needs when required and call bells were answered promptly.

During the inspection the manager and staff advised that there are good support systems in place for all staff and a good induction programme was in place. Staff stated they were informally supported by their manager but also receive formal supervision and an annual appraisal. The manager has a schedule for supervision and annual appraisals and this was reviewed and was up to date.

The home had an up to date register of staff working in the home and they had in place a template to ensure staff were registered on the Northern Ireland Social Care Council (NISCC) and it had been up dated monthly.

The staff had received mandatory training to each they can deliver care safely and effectively. The training had been recorded in personal files and on a training matrix which the manger had in place to ensure all staff had the appropriate training completed. The training was provided either by face to face instruction or by on line resources.

The management of adult safeguarding was discussed with the manager and staff. In discussion with staff they were able to give speak confidentially about the safe guarding process and how to recognise and respond to potential safe guarding incidents if required.

We looked around a sample of rooms in the home which included nine ensuite bedrooms which had just been refurbished and they were decorated individually and each room had its own style. There was ample furniture for residents' clothes and personal belongings to be stored and seating areas in each room. The manger and responsible person advised that they have plans in place to refurbishment the other bedrooms in the home.

The communal areas in the home were found to be warm, comfortable clean and tidy. A number of residents were sitting in the lounge area and were relaxing watching television, reading or conversing. The room had been newly decorated and the residents reported they loved spending time in it as it was bright and comfortable. The residents' can also avail from the café area the 'Blue Hydrangea' room where they can go for a quiet chat and catch up with family and friends. This room can also be booked for special occasions by families to celebrate birthdays and special occasions.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and were used appropriately when attending to residents' care needs. There were ample supplies throughout the home and hand sanitiser gels for residents, staff and visitors to avail off.

A review of governance records showed that the home had sent all notifiable incidents had been reported to Regulation and Quality Authority (RQIA).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

No new 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.

The manager and staff stated there was a period for handover at the start of each shift. The senior cares complete a handover sheet and staff can avail of this to ensure all matters are addressed. Through our observations on the day of inspection we could see residents were getting the right care in the right way at the right time.

Residents reported:

“Staff here go above and beyond their job they can’t do enough.”

“I always get what I need nothing is ever a bother.”

“District nurse come in and out and I can get doctor if needed.”

The registered manager and staff advised a comprehensive assessment is completed prior to a resident’s admission and from this a plan of care is completed to accurately reflect the resident’s individual care needs to reduce risk.

Review of care records evidenced there was collaboration with residents, their family and profession such as General practitioners, tissue viability, dieticians, speech and language therapists (SALT). There was also a range of risk assessments to help inform the care being provided.

There was also evidence in care records showing that an annual care review had been completed, residents their family members and staff where involved with the care review.

Areas of good practice

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

Areas for improvement

No new 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 arrived at the home at 09.20 and were immediately met by staff who offered us assistance. Residents were present in lounges or in their bedrooms, as was their personal preference. The atmosphere in the home was welcoming and the home was sufficiently heated. Observations during the inspection showed residents relating positively to staff and other peers. Staff were

courteous and respectful to residents at all times. Some residents reported “Always someone about to help it’s a great place to live it’s like family.” “Staff are great this is an amazing place. “

The home has a newsletter produced on a weekly basis which is left in the foyer to ensure residents and visitors are aware of up and coming events. There are various activities such as art and crafts, music, quizzes and there are prayers everyday in the home the home also has displayed the crafts the residents have completed and photographs of their outings. Some residents reported “There is always something going on.” “Not everyone likes to join in and if you don’t want to you don’t have to.” “We are all involved in decision making of what is going on in the home.”

The serving of midday meal was in the dining. The room was bright well ventilated and ample room for residents to have their meals. The residents advised the food was good and there was always enough food and they had a choice of what they wanted, one resident advised that if you changed your mind about your choice this was never a problem. One resident reported “I think I get too much food.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident

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.

The manager is the person responsible for the day to day running of the home and was knowledgeable of her role with regards to regulations and notifying RQIA of events.

The manager ensures robust systems are in place to ensure the safe practice of the home and does this by completing a range of monthly audits. Areas for audits include staff practices with hand washing, accidents and incidents, care records and the cleanliness of the home. Where deficits are found a plan of action is put in place to ensure improvement.

Staff in the home reported that they had good support from their manager who was supportive approachable and fair and gave constructive feedback to them. The manager reported that the staff team were flexible, committed, dedicated, reliable and always had the best interests of each individual resident.

We saw the current fire safety risk assessment was in place and the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by a company holding a professional body registration or fire risk assessors.

The servicing of the fire detection & alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

The refurbishment of the existing residential bedroom accommodation to provide additional en-suite accommodation had been completed to a very high standard. Each room was furnished and dressed ready to accept a resident.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings from this assessment were being addressed by the trust's estates department. Again, the servicing of these systems and the user checks appeared to be being maintained in accordance with current best practice guidance.

Current certificates with relation to the premises' mechanical and electrical installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

A complaints procedure was displayed in the home and provided advice on how to make a complaint. The records reviewed showed that all complaints had been dealt with and the outcome recorded. The registered manager then discussed complaints with staff and used the information to improve the service.

The manager also shared compliments received from residents and their families to ensure staff were given positive feedback in their deliverance of care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Moore, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 30 December 2019</p>	<p>The registered person shall ensure that the flooring in the lounge area of the dining room is replaced in a timely manner.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The flooring within the lounge area of the dining room will be replaced within the time frame as set by inspector. Pricing for this area has already been sourced.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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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