



Unannounced Inspection Report 7 January 2020



Faith House Residential Home

Type of Service: Residential Care Home
Address: 25 Orpen Park, Belfast, BT10 0BN
Tel No: 028 9061 2318
Inspector: Rachel Lloyd

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 registered to provide care for up to 31 residents. The residential care home is on the same site as a nursing home.

3.0 Service details

Organisation/Registered Provider: Board of Trustees – Faith House Responsible Individual: Mr Mervyn Wishart	Registered Manager: Mrs Jane Moore
Person in charge at the time of inspection: Mrs Jane Moore	Date manager registered: 5 June 2019
Categories of care: Residential Care (RC) I – Old age not falling within any other category	Number of registered places: 31

4.0 Inspection summary

An unannounced inspection took place on 7 January 2019 from 09:45 to 13:30 hours.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and determined 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 management of medicines, the environment, staffing, communication between residents and staff and taking account of the views of residents and their families.

No areas for improvement were identified during this inspection.

Residents spoken to described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and 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 patients' 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 Mrs Wendy Grudgings, deputy 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 care inspection dated 4 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 June 2019. 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 last inspection findings in relation to care and medicines management 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.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection we met with five residents, the deputy manager and three senior care assistants. We also met briefly with the responsible individual.

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

- residents' records of care
- medicine audit records
- medicine records
- RQIA registration certificate

Areas for improvement 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 areas for improvement from the most recent care inspection dated 4 June 2019

Areas for improvement from the most recent care inspection dated 4 June 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: Second time	The registered person shall ensure that the flooring in the lounge area of the dining room is replaced in a timely manner.	Met
	Action taken as confirmed during the inspection: RQIA had been notified by the registered manager on 2 January 2020 that this work would be completed in January as part of the rolling programme of works in the home. It was agreed that the registered manager would confirm with RQIA when the flooring had been replaced. This confirmation was received by email on 21 January 2020.	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 09:45 hours and were greeted by the deputy manager and staff who were helpful and attentive. Residents were seated in the lounge, other seating area or their bedroom according to their preference.

Observation of the delivery of care throughout the inspection evidenced that staff attended to residents needs in a timely and caring manner. Staff said that they felt that there were enough staff on duty at all times to meet the needs of the residents.

The home was observed to be clean, warm and fresh; all areas inspected were appropriately decorated. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents. Ongoing renovation and improvement works were being conducted with as minimal disruption as possible.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained.

A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were procedures in place to verify prescribed medicines on admission to the home.

We reviewed the serving of lunch which commenced at 12.45 hours. Residents dined in the main dining area or their preferred dining area such as their bedroom. Tables had been laid appropriately for the meal. The meal served correlated with the planned menu and a choice was available. Food was served directly from the kitchen when residents were ready to eat their meals. The food served appeared nutritious and appetising. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were available throughout the meal and were observed assisting residents in an unhurried manner. Residents were observed chatting with each other and with staff during the meal. The residents consulted with spoke positively of the meals provided.

Comments included:

“Food is plentiful.”

“The food and the choice are very good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the systems in place for the management of medicines and the encouragement/assistance provided by staff to ensure that residents received nutritious meals.

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.

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with five residents confirmed that living in the home was a positive experience.

Comments included:

"I'm content and well looked after. All of the staff are so polite and well mannered. I made my own decision to live here; I like the company and conversation..."

"The staff and the other residents help me out when I need it."

"I'm settled and content. I enjoy the activities and the choice."

Of the questionnaires that were issued to residents and relatives, four were returned. The responses indicated that they were generally satisfied/very satisfied with all aspects of the care provided.

Comments included:

"...this is a very well run home and the staff are always obliging, helpful and compassionate."

"Sometimes I feel their workload is heavy and extra staff would help."

"Lighting is dull for people with poor eyesight."

"This is one of, if not the best home."

Some concern regarding meals was received from one resident. This was discussed with the resident and the registered manager by telephone.

Any comments from residents, their representatives and staff in questionnaires received after the return date will be shared with the registered manager for their information and action as required.

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, and listening to and valuing residents.

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.

There were arrangements in place for the management of any incidents. Staff confirmed that they knew how to identify and report incidents. One medicine related incident reported since registration was discussed. There was evidence of the action taken and learning implemented. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

There were robust auditing processes with regard to medicines management. These audits were reviewed during the inspection; satisfactory outcomes were observed indicating that medicines were administered as prescribed.

We spoke with two of the three senior care assistants on duty as well as the deputy manager. They advised that that they had received comprehensive training and felt well supported in the home. Comments included:

“I feel like part of the furniture! It’s a great home, a home from home. It is well staffed and I’m well supported.”

“I’m happy with the training I’ve received.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

Regarding the Deprivation of Liberty Safeguards, the manager advised that the manager and staff had received training relevant to their roles in the home. Staff demonstrated general awareness and knowledge of what a deprivation of liberty was and how to ensure the appropriate safeguards were in place to comply with the new legislation.

Areas of good practice

There were examples of good practice found in relation to incident management 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.



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