

Inspection Report

21 February 2022



Faith House Residential Home

Type of Service: Residential Care Home
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www.rqia.org.uk

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 Responsible Individual: Mr Mervyn Wishart	Registered Manager and date registered: Mrs Jane Moore 5 June 2019
Person in charge at the time of inspection: Mrs Wendy Grudgins, deputy manager	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 home on the day of this inspection: 23
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. The home covers part of the ground and the first floor. There is also a registered Nursing Home in the same building which occupies the rest of the ground floor. The registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 21 February 2022, from 9.55 am to 3.15 pm by a care inspector.

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.

We found that there was compassionate care delivered in the home and there was evidence of good care delivery regarding the dining experience and residents' quality of life.

Residents said that living in the home was a good experience. Residents unable to clearly voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Five new areas for improvement were identified in relation to staffing, supervision, the home's statement of purpose, care records and quality audits. One area for improvement from the previous care inspection was partially met and is therefore stated for a second time.

The findings of this report will provide the management team 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 and 'Tell Us' cards 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 person in charge at the conclusion of the inspection. Feedback was also discussed with the manager via telephone on 2 March 2022.

4.0 What people told us about the service

We spoke with eight residents during the inspection, either individually or in groups. Residents were positive about their experiences living in the home, and told us they enjoyed the company of the other residents and that the staff looked after them very well. Specific comments included, "If you need anything you just have to ask the staff and they will get it for you" and "Staff are lovely, we are well looked after here."

The four staff we spoke with reported they had no concerns about the care being provided in the home; however staff expressed concerns regarding staffing levels especially in the afternoon and evenings. This is discussed further in section 5.2.1.

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

No residents or relatives submitted questionnaires to RQIA and no other feedback was received from staff or resident's relatives following the inspection.

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 22 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that monthly quality monitoring visits are undertaken.	Met
	Action taken as confirmed during the inspection: A review of the monthly quality monitoring visits identified that these visits had been undertaken except during a recent Covid-19 outbreak. This area for improvement is met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that care records are reviewed in relation to the area outlined in the report.	Met
	Action taken as confirmed during the inspection: A review of the care records evidenced that issue identified at the last inspection had been addressed and this area for improvement is met.	
Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that quality improvement audits in relation to infection prevention and control are reviewed and updated regularly to provide assurance on the safe delivery of care within the home.	Partially met
	Action taken as confirmed during the inspection: A review of the infection prevention and control audits evidenced that these had been reviewed and new formats devised. However; these were not updated regularly and did not	

	provide sufficient assurance of robust managerial oversight in the home. Additional deficits in the home's auditing processes were identified and discussed further in section 5.2.5. This area for improvement is only partially met and has been stated for a second time.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

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

There were systems in place to ensure staff were trained and supported to do their job.

It was noted on the day of inspection 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. For example, several residents enjoyed a lie in and breakfast in bed on the day of inspection. Some residents enjoyed a morning pray and knitting group, while other residents preferred to read or watch television.

The staff duty rota generally reflected the staff working in the home on a daily basis. We were told by staff that there are times care staff are taken to work in the nursing home and this change is not reflected on the duty rota.

A review of duty rotas from 7 February 2022 to 27 February 2022 identified that on some days only two staff were on duty instead of three. This meant there was not sufficient staff to meet the needs of the residents. Staff raised concerns regarding this as the dependency level of residents was high at present and there had been an increase in falls this month. In addition, it was established that nurses from the nursing home were completing nursing tasks with a resident in the residential home – please see section 5.2.2 for more detail. This was discussed with the management team and this practice is to cease immediately. Each home should be adequately and discretely staffed at all times, in line with their registration. An area for improvement was identified.

Staff told us that the needs and wishes of residents and their relatives were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good team work. Staff spoken with said that they were very happy at their work and take pride in their work. They told us that there is regular training and they receive supervision and appraisal. A review of supervision records evidenced that this had been undertaken until April 2021. No records were available from then and there were no dates scheduled. An area for improvement was identified.

Residents confirmed that staff knew them well and knew how best to help them.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff met at the beginning of each shift to discuss any changes in the needs of the residents.

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. However as previously stated in section 5.2.1 there had been an increase in falls in the past month. An audit had been completed to identify trends or patterns and there was evidence of appropriate onward referral as a result of the post falls review. RQIA were therefore satisfied that the risks were being managed appropriately, and no area for improvement was required.

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 of residents to socialise, and the atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable and had a pleasant, unhurried experience and had a meal that they enjoyed.

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. The care records were generally well completed. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents care records were held confidentially.

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. However; some deficits were identified in care records relating to weights, nutrition and wound/skin care management.

In one care record, the resident's weight was not recorded monthly and a care plan was not in place regarding the use of a pressure relieving mattress. The nutritional awareness raising tool and the new resident admission checklist had not been completed in a second care record, was there a care plan in place regarding wound management. An area for improvement was identified.

In addition, there were no records relating to the District Nursing service input regarding wound management for one resident. It was established that a nurse from the Faith House Nursing Home was now completing this task. The home's management reported that this decision was made based on the need for more frequent dressings and to respect the resident's expressed wishes and preferences. However; this practice must cease, in line with each home's separate registration and Statement of Purpose. Nursing Home Nurses should not be undertaking routine nursing tasks in a residential home. An area for improvement was identified. Following the inspection, the manager confirmed that the resident had been referred back to District Nursing and relevant documentation now in place.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The bath surface in an identified bathroom was damaged; management advised this bathroom has already been identified for refurbishment. It was noted that there was inappropriate storage of hairdressing equipment in a identified sluice room. An area for improvement was identified.

Residents' bedrooms were personalised with items that are important to them. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of homely' touches such as flowers, newspapers, magazines, snacks and drinks available and access to a kitchenette.

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.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or spend time in their bedrooms if they preferred not to use the communal areas.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. Minutes of a residents meeting in February 2022, evidenced that they were involved in for example, planning activities and menu choices.

It was observed that staff offered choices to residents 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.

There was a range of activities provided for residents by staff and as said previously, residents had been consulted/helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Moore has been the manager in this home since 2014 and has been registered with RQIA since 5 June 2019. We were informed that the deputy manager is retiring this month and recruitment for this position has commenced.

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.

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 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 vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would listen and sort out the concern if she could. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was evidence that a system of auditing was in place to monitor some aspects of the quality of care and other services provided to residents, such as staff's adherence to effective hand hygiene. As referenced in section 5.1, an area for improvement had been made at the previous care inspection, regarding the home's IPC audit tool. This had been reviewed; however IPC audits were not being regularly completed. Additional deficits in the home's auditing processes were identified. For instance, in some of the audits for care records no date had been recorded and there was insufficient evidence of routine or regular manager 'walk around' audits. The home's system of auditing across various aspects of care and services should be reviewed to ensure this process is robust, completed on a regular basis and reviewed according to an agreed timeframe. The previous area for improvement is therefore not met and is stated for a second time.

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. The reports of the 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. It was noted that some months were not available however this was during a recent Covid-19 outbreak in the home. These visits have recommenced and therefore an area for improvement is not required on this occasion.

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 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. Feedback was also discussed with the manager via telephone on 2 March 2022. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as appropriate for the health and welfare of residents.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staffing levels are regularly checked to ensure that correct number of staff on duty to manage resident care in a safe and effective manner.</p>
Area for improvement 3 Ref: Regulation 3 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that the home operates in line with each home's separate registration and the Statement of Purpose.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Management have clarified that the home is operating in line with registration and all dressing are being managed by district nursing.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 20:10 Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that quality improvement audits in relation to infection prevention and control are reviewed and updated regularly to provide assurance on the safe delivery of care within the home.</p> <p>In addition, the registered person shall review the home's system of auditing to ensure audit processes are robust, systematic, completed on a regular basis and reviewed according to an agreed timeframe. Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Audit processes reviewed and completed regularly and actioned as required within an agreed time frame.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that care records are reviewed in relation to:</p> <ul style="list-style-type: none"> • to recording of resident's weights. • residents in need of a pressure relieving mattress have a care plan devised. • nutritional awareness raising tool to be completed. • new resident admission checklist to be completed. <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>Response by registered person detailing the actions taken: care plans have been reviewed and updated, staff aware of importance of record keeping and updating regularly</p> <p>The registered person shall ensure that the inappropriate storage of hairdressing equipment in an identified sluice room is removed.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: hardryer is stored appropriately</p>
<p>Area for improvement 4</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that persons working at the home are appropriately supervised.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: regular supervisions are in place for all staff, dates when completed kept within off duty folder.</p>

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