

# Unannounced Care Inspection Report 22 January 2021



## Faith House Residential Home

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

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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 residential care for up to 31 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Board of Trustees – Faith House  <b>Responsible Individual:</b> Mr Mervyn Wishart	<b>Registered Manager and date registered:</b> Mrs Jane Moore 5 June 2019
<b>Person in charge at the time of inspection:</b> Mrs Jane Moore	<b>Number of registered places:</b> 31
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 24

### 4.0 Inspection summary

An unannounced inspection took place on 22 January 2021 from 09.15 to 13.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The purpose of the onsite inspection was to be assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

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 discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of residents, the management notifiable events, adult safeguarding, teamwork, and communication between residents, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

There were areas for improvement identified in relation to, care records, quality improvement audits and Regulation 29 visits.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

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.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with six residents, and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires were left for distribution and four questionnaires were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from the 11 January to 31 January 2021
- three residents ' care records
- notifications of accidents and incidents
- incident and accident records
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 7 January 2020. There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.1.2 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 11 to 31 January 2021 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. Staff confirmed that staffing levels were maintained to ensure the needs of residents could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID-19 outbreak.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. The manager confirmed that a competency assessment was completed by the manager with any person who is given the responsibility of being in charge of the home in their absence.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to residents and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of residents. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “There is good teamwork within the home.”
- “The manager is very approachable. ”
- “I love working here.
- “I have worked in the home for a number of years, love working here.”

### **6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE) including the environment**

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to residents, visitors and staff was minimised. We undertook a tour of the home and noted that the home was clean, tidy, uncluttered and well maintained. The surface of one identified bath was damaged. This was discussed with the manager who confirmed that this bath is to be replaced in the ongoing refurbishment programme.

We observed that PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all residents and staff had their temperature taken, records were available. Signage outlining the seven steps to hand washing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The manager demonstrated good knowledge and understanding of IPC procedures.

### **6.2.3 Care delivery**

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients’ individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms. On the day of the inspection a birthday party had been organised for a resident, the home has a very large lounge so social distancing was maintained. A member of staff had baked and decorated a lovely birthday cake. Staff had obviously put a lot of time and effort into the party which was enjoyed by all residents.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Comments received from patients included:

- “We are well looked after in here.”
- “Staff are lovely. ”
- “You wouldn’t get better. ”
- “Very happy here. ”
- “The food is good; there is always plenty to choose from. ”

#### **6.2.4 Care records**

Four care records were reviewed. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified residents in relation to behaviour, urinary tract infection, and risk of falling. The care records were generally well completed, one area was identified for improvement in relation ensuring an identified care plan for falls is updated and the falls log should reflect all falls.

This was discussed with the manager. An area for improvement was made.

#### **6.2.5 Dining experience**

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. Most residents made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. The menus evidenced that patients were provided with a choice of meal at each mealtime; this included patients who required a modified diet.

Feedback from residents indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

#### **6.2.6 Governance and management arrangements**

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. We were unable to review monthly monitoring reports these had not been undertaken since February 2020.

The manager stated that this was a result of the covid-19 pandemic. This was discussed with manager and an area for improvement was made.

We reviewed a selection of quality improvement audits including falls, the environment and infection prevention and control. These had generally been updated on a monthly basis. There are a number of different infection prevention and control audits in place which had not been updated monthly. The manager was advised to review these to determine if one audit could be devised. An area for improvement was made.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

### Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between residents, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

### Areas of improvement

The following areas were identified for improvement in relation to, care records, monthly quality monitoring visits and quality improvement audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

Throughout the inspection residents were attended to by staff in a respectful manner. Residents appeared comfortable, and those spoken with were happy in the home and with the care provided. Three areas of improvement were identified.



## **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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate effect	<p>The registered person shall ensure that monthly quality monitoring visits are undertaken.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Due to the pandemic monthly monitoring visits could not be carried out. Following regular weekly testing now for the responsible person and having also had the vaccination these visits have now recommenced.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 22 February 2021	<p>The registered person shall ensure that care records are reviewed in relation to the area outlined in the report.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            management have reviewed the identified areas in care records and senior staff have been advised. Action plans were put in place and completed with all staff signing to show that they are aware. Management will continue to monitor through care plan audits to ensure compliance</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20:10  <b>Stated:</b> First time  <b>To be completed by:</b> 22 February 2021	<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>Ref: 6.2.6.</p> <p><b>Response by registered person detailing the actions taken:</b>            infection control audits have been reviewed by manager and infection control link staff and are being completed monthly</p>

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

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