



Inspection Report

23 February 2023



Faith House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Board of Trustees - Faith House</p> <p>Responsible Individual Mr Mervyn Wishart</p>	<p>Registered Manager: Mrs Jane Moore</p> <p>Date registered: 5 June 2019</p>
<p>Person in charge at the time of inspection: Ms Alison Green, Senior Care Assistant 9 am – 2 pm</p> <p>Ms Rachel Trimble, Senior Care Assistant 2 pm -5.25 pm</p>	<p>Number of registered places: 32</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 29</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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 to the garden area.</p> <p>There is a nursing home which occupies part of the first floor and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 February 2023 from 9.50 am to 5.25 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and 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 safe, effective and compassionate care delivered in Faith House and the home was well led by the management team.

Residents said that living in the home was a good experience. Residents and their relatives 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 provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other. It was evident that staff were knowledgeable and 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 multidisciplinary team (MDT).

The home was clean, tidy and warm and had a homely, inviting atmosphere.

Two new areas for improvement were identified in relation to staffing in the unit and the monthly monitoring visits.

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 areas 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.

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 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 Jane Moore, manager via a telephone call on 27 February 2023.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "I have everything I need here, great place," "lovely place, great staff," and "I love it here, I want to stay."

We spoke with one resident's relatives who told us they had no concerns about the home, commenting; "we really like it, residents are so well looked after, there are always plenty of activities." Relatives spoken to confirmed that the communication from the home was excellent.

Staff commented that the home was "a good place to work". All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities.

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment received referred to the "love, care and compassion" of the staff in the home.

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 21 February 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: As written this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 3 Stated: First time	The registered person shall ensure that the home operates in line with each home's separate registration and the Statement of Purpose.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 20:10 Stated: Second 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. 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.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</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>Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>	<p>Met</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>		<p>The registered person shall ensure that the inappropriate storage of hairdressing equipment in an identified sluice room is removed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>	<p>Area for improvement 4</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that persons working at the home are appropriately supervised.</p>	
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>			

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 manager had a system in place to monitor staffs' professional 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 that staff were trained and supported to do their job. Staff demonstrated good knowledge of their roles and responsibilities regarding adult safeguarding, dysphagia and deprivation of liberty safeguards (DoLS). A review of the homes training matrix confirmed that all mandatory training was up to date.

Staff said there was good teamwork and that they felt well supported in their role. On the day of the inspection it was noted that, due to short notice absence, the duty rota was not fully covered for a morning shift. Staff in charge of the unit were unable to fill this shift despite attempts to contact own staff not on duty and an agency. A vacant shift for the afternoon and evening was successfully filled. A review of the duty rota for the previous two weeks evidenced four shifts which were not fully covered.

Staff indicated that they were no longer transferred to work in the nursing home and this has resulted in some improvements with staffing in the home; however, shifts remained difficult to cover. This was discussed with the manager who provided assurances that a new staff member had been appointed and will be taking up post mid-March 2023 which in turn will leave the home fully staffed. An area for improvement was identified to review the actions to take to ensure staff cover when a person cannot attend work due to unplanned leave.

Residents said, "The staff are lovely, I have made good friends here with both residents and staff," and "I love it here, the staff are great."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

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. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells and requests for help throughout the day. Staff showed excellent communication skills when communicating with residents. For example, staff were observed taking time to stop and chat to the residents throughout the day.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. 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.

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; the dining room was clean and bright and the lunchtime experience had a relaxed and pleasant atmosphere. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. The menu for the day was on display in the dining room and both residents and staff confirmed that choices for meals were always offered. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. One resident told us, "the food is very good, there is good choice."

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet.

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 and updated to ensure they continued to meet the residents' needs. 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' 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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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.

Residents said, “I am so well looked after 100%, I love it” and “I feel so safe here, I sleep so much better now.”

Administration staff told us, “I love working here, the staff are very good, this is the residents’ homes and staff are all aware of that, the care given is excellent.”

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. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

Residents said, “This place is spotless, it is kept very clean,” and “My room is cleaned every day; it is great.”

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 15 August 2022; this assessment resulted in no actions. Staff were aware of their training in this area.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, a 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 personal protective equipment (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.

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 stay up late to watch TV.

Residents told us that they were encouraged to participate in regular resident meetings, which provided an opportunity for them to comment on aspects of the running of the home, for example, planning activities and menu choices.

Staff discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents and was on display on a noticeboard and in each bedroom. Activities on this planner included; religious services, quizzes, knitting groups, singing groups and special celebrations. One resident told us, “The activities here are very good; we have singing this afternoon.” Another resident told us, “The activities are good, although they could do more activities for men.” This was shared with the manager who agreed to discuss with the activities coordinator.

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.

Staff recognised the importance of maintaining good communication with families; visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Residents' relatives' told us, "we always feel welcome when we visit."

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

One resident told us, "Any complaints are dealt with right away."

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, approachable and always available for guidance.

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

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. However, these visits were announced, the requirement for unannounced monitoring visits was discussed with the manager for action and an area for improvement was identified.

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 were 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 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Jane Moore, manager via telephone on 27 February 2023. 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	The registered person shall ensure that monthly monitoring visits on behalf of the registered provider are unannounced.
Ref: Regulation 29 (3)	Ref 5.2.5
Stated: First time 31 March 2023	Response by registered person detailing the actions taken: responsible person for monitoring visits has been made aware and all visits are now unannounced
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1	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.
Ref: Standard 25.1	Ref: 5.2.1
Stated: First time	Response by registered person detailing the actions taken: duty rota is overseen by manager to ensure appropriate staffing levels to meet the assessed care needs of residents
To be completed by: From date of inspection	

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



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care