

# Inspection Report

<b>Name of Service:</b>	<b>Faith House</b>
<b>Provider:</b>	<b>Board of Trustees – Faith House</b>
<b>Date of Inspection:</b>	<b>28 October 2024</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Board of Trustees – Faith House
<b>Responsible Individual:</b>	Mr Brian Ambrose
<b>Registered Manager:</b>	Mrs Jane Moore
<b>Service Profile –</b> 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 the garden area.  There is a nursing home which occupies part of the first floor and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 October 2024, from 9.20 am to 4.20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 2 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents described staff as "very pleasant" and "excellent". Residents spoken with said that they were happy living in Faith House. Comments included, "the staff and in and out all the time to check on me and to keep me company," and "the staff are very good, they are all very pleasant."

There was evidence of a range of structured activities offered to the residents. One resident said, "I like the activities, there is lots to do," while another resident said, "there is activities every day, but you don't have to go if you don't want to."

Staff said that they enjoyed working in Faith House, staff said; "this is a lovely place to work, there is good team work here." Staff also commented on the support from the manager, one staff member said, "there is good support, the manager is very supportive."

No questionnaires were received from residents', relatives or visitors. No responses were received from the staff online survey.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

A review of induction documentation for agency staff indicated that some inductions were not fully completed, dated or signed by the agency staff member. This was discussed with the manager. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One resident said, "if you have to call staff they don't mind, they come quickly."

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choices in how and where they spent their day or how they wanted to engage socially. Residents were observed to choose where they wanted to spend their time whether this was to sit with friends in the lounge area or to spend time in their bedrooms reading and listening to music.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A sample of care records such as risk assessments in relation to falls were found to be under regular 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 and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

There were enough staff present to support residents with their lunch time meal. The food served smelt and looked appetising and nutritious.

The weekly programme of social events was made available to all resident in the home and residents confirmed that they were offered the choice of whether they wanted to attend or not. Residents' needs were met through a range of individual and group activities such as religious services, quizzes, a knitting group and arts and crafts.

Residents were observed to be enjoying one another's company in the lounge while being able to enjoy their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

Residents also 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, the planning of activities and the provision of meals. In addition to this the home also has a residents' meals committee where residents and staff meet to discuss meal times and to raise any concerns around the provision of meals in the home.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The communal areas had 'homely' touches such as books, newspapers and magazines. Resident's bedrooms were personalised with photographs and other items or memorabilia.

The fire risk assessment was completed on 17 September 2024, no actions were identified.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

The cleaning store and sluice room were appropriately secured. However, shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, supervision of the domestic cleaning trolley containing cleaning chemicals.

Assurances were provided by the manager that supervision would be arranged with the identified staff to review their knowledge of Care of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infections. 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 using PPE in accordance with the regional guidance. However; staff did not take the opportunity to demonstrate hand hygiene measures at the appropriate times, for example, during the lunch time meal staff did not take the opportunity to use hand hygiene measures after physical contact with residents. This was discussed with the manager for action and an area for improvement was identified.

### 3.3.5 Quality of Management Systems

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.

Residents and staff commented positively about the manager and described her as very supportive and approachable.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. One resident said, "I would feel comfortable raising concerns because the staff and the manager are very approachable."

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jane Moore, as part of the inspection process. 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	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 28 October 2024	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to the supervision of the domestic cleaning trollies.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> All domestic trolleys are under the supervision of the worker using it, management completing checks to ensure compliance.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2024	The Registered Person shall ensure that agency staff employed in the home complete and sign a structured orientation and induction.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> All agency staff complete an induction which is signed by both them and the senior carer in charge, these forms are filled for evidence
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time  <b>To be completed by:</b> 28 October 2024	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff carryout effective hand hygiene measures at appropriate times.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Hand hygiene audits being carried out by infection control link and residential supervisor to ensure compliance

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The Regulation and  
Quality Improvement  
Authority

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