



Unannounced Care Inspection Report 9 April 2019



Faith House

Type of Service: Nursing Home (NH)
Address: 25 Orpen Park, Belfast, BT10 0BN
Tel No: 028 90 612318
Inspector: Sharon McKnight

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 67 patients.

3.0 Service details

Organisation/Registered Provider: Board of Trustees – Faith House Responsible Individual: Mr Mervyn Wishart	Registered Manager and date registered: Jane Moore 9 January 2015
Person in charge at the time of inspection: Jane Moore	Number of registered places: 67 A maximum of 36 patients in categories NH-I, NH-PH and NH-TI and a maximum of 31 residents in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.] TI – Terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 49 patients

4.0 Inspection summary

An unannounced inspection took place on 9 April 2019 from 09:30 hours to 17:15.

The term 'patient' is used to describe those living in Faith House which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice identified in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients were offered choice within the daily routine, that there were systems to provide patients with a say in the day to day running of the home. Activities provided had a positive impact on patients.

There were stable and well established management arrangements with systems in place to provide the management with oversight of the services delivered.

The display of patient information in the nursing office was identified as an area for improvement.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from patients, 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Jane Moore, registered manager, Wendy Grudgings, deputy manager and Heather Weir, nursing sister 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.

4.2 Action/enforcement taken following the most recent inspection dated 4 December 2018.

The most recent inspection of the home was an unannounced medicines management inspection. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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 patients 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.

A lay assessor was present during this inspection and the information and comments they received from patients and their relatives are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The following records were examined during the inspection:

- duty rota for all staff from 8 – 14 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits made on behalf of the responsible person
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 inspection dated 4 December 2019.

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 16 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21(1)(b) Stated: First time	The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed: <ul style="list-style-type: none"> • a reference from the candidate's present or most recent employer (if any) • a full employment history together with a satisfactory explanation of any gaps in employment 	Met
	Action taken as confirmed during the inspection: A review of two staff recruitment files evidenced that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.7 Stated: First time	The registered person shall ensure that the recommendations made as a result of the quality monitoring visits are reviewed on the next visit and comment on the action taken included in the report.	Met
	Action taken as confirmed during the inspection: A review of the reports of the quality monthly monitoring visits evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

In order to determine if care was delivered safely we talked with a number of the patients. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them.

Patients were happy that they knew the staff as it is a consistent team with few changes. Patients said:

“The best nursing home to live in ...could not praise the staff higher.”

“Very helpful staff.”

A system was in place to identify appropriate staffing levels to meet the patient’s needs. A review of the staff rotas for the period 8 - 14 April 2019 confirmed that the staffing numbers identified were provided. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. Records of two completed induction programmes were reviewed.

The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

We discussed how patients are protected from abuse. The registered manager confirmed that the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. The registered nurses spoken with were knowledgeable of the action to take, and who to inform, in the event of an allegation of abuse being made. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The registered manager is responsible for ensuring all staff are registered appropriately. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The registered manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' relatives, the registered manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We observed staff and looked at the environment to determine if there was good practice to minimise the risk of the spread of infection. A sign was displayed on the front door of the home asking visitors to consider delaying their visit until another day if they had been in contact, or had symptoms of illnesses, such as vomiting and diarrhoea or colds and flus etc.

Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities, liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. Housekeeping and laundry staff had a range of colour coded equipment which was being used appropriately.

The environment in Faith House was fresh, bright and tastefully decorated to provide a homely and comfortable surroundings for the patients and those that visit them. There were a choice of three sitting rooms available for patients to spend their day in; armchairs in the reception area provided a further option for patients. Comfortable seating has recently been added to one area of a dining room to provide another quiet area for patients to relax in. The majority of patients choose to spend their day in the company of others in the main lounges of the home. A number of patients spent the morning sitting in the enclosed patio area, enjoying the warm weather. The home was clean and fresh smelling throughout.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with 14 patients individually who were very happy with the care they were receiving. They confirmed that staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

We observed that there were clear working arrangements for the sharing of information of the needs of the patients. Staff were allocated daily to deliver care to identified patient groups. Patient care was discussed at the beginning of each shift. We discussed the information displayed in the nursing office and, whilst recognising staff need for ease of access to information, there is a risk that the current system has the potential to compromise patient privacy and dignity. This was identified as an area for improvement.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for. Records reviewed confirmed that care was delivered to meet the assessed needs of the patients. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs, were in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed for patients with a poor appetite.

Patients were very happy with the variety and quality of the meals provided. During our previous inspection a number of patients complained about the noise in the dining room. A smaller sitting room has since been rearranged to accommodate a dining area; this provided a quieter dining area for a small number of ladies who told us:

“I like the new dining room very well.”

“It’s appreciated well by those who dine here.”

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. We can confirm that recorded accidents were appropriately managed with medical advice sought as required if an injury was sustained. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. Staff we spoke with were aware of those patients who were assessed as at high risk of falls. Assistive technology, for example the use of alarm mats, was in use for a number of patients and, as previously discussed, was managed appropriately in the best interest of patients.

Pain assessments were completed for all patients and reviewed as required. The nursing sister informed us that new systems had been introduced to monitor the effectiveness of pain relief that is not prescribed regularly but only given when it is required. The aim of the improvements is to help identify as early as possible if/when the patients need regular pain relief. This monitoring was commended.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life. They supported patients to make daily decisions and we observed that with patients who required support to make a decision staff used their knowledge of individual likes and dislikes to prompt decisions. Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients’ needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required.

The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients’ required.

Areas for improvement

The patient information displayed in the nursing office should be reviewed to ensure that it does not compromise patient privacy or dignity.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 09:30 and were met immediately by staff who offered us assistance. Patients were present in the lounges or finishing their breakfast in the dining rooms, as was their personal preference. The atmosphere in the home was calm and quiet.

We spoke with fourteen patients, individually throughout the day. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities. We asked if patients felt their consent was gained prior to providing care. They confirmed that staff would ask if they were ready to get up or would like to go to bed; we observed patients being offered choice throughout. Patients understood that, at times if staff were busy, they would have to wait but felt that the time it took staff to return to them was reasonable.

The patients told us the following:

“Food is excellent, sometimes too much.”

“I wouldn’t change anything in this home.”

“You just ask for anything you need.”

“I get on with everyone.”

We spoke with the relative of one patient who was very happy with how his mother was being looked after and that he was kept up to date with her daily needs.

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately there were no responses received.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“On behalf ofI would like to convey to you Jane (manager) and all the staff our profound thanks for the loving care, attention, smiles and kind appropriate works that you all provide, that add up to such a wonderful new home for residents.” (July 2018)

“Words cannot adequately express my gratitude to you and all the staff in Faith House. The care and attention my latereceived throughout her stay was second to none and especially during the last few days of her life.” (December 2018)

“Trying to express our thanks is difficult in words. You and your team are just exceptional.”

Residents meetings were held regularly and provided an opportunity for patients to have their say about the home. The most recent meeting was held on 19 February 2019 during which patients were informed of and discuss the ongoing refurbishment of the home, mealtime arrangements, staff training, agency staff and lost property. A record is kept of the issues discussed and any action to be taken following the meeting. Patients spoken with were in favour of the meetings as they liked hearing what is planned for the home and believed that their views were listened to by management.

Regular meetings were also held with relatives; the most recent was on 21 February 2019. The continued refurbishment and staffing arrangements were among the topics discussed.

Discussion with staff and review of the activity programme evidenced that arrangements were in place to meet patients' religious, spiritual and social needs. Prayer meetings are held every morning and evening in one of the lounges; the provision of these daily meetings were a great comfort to the patients, many of whom told us that this level of support with their religious needs was one of the reasons for choosing Faith House as their home.

Alongside activities to support patients with their religious needs, a wide range of activities were provided. The programme, "So What's New This Week" was displayed throughout the home to inform patients and those people who visit them of the daily events. Examples of some of the arts and crafts that patients have created were displayed; these were finished to a high standard and were age appropriate. Photographs of the patients making the crafts were displayed alongside the finished items; it was obvious from the photos that the patients had enjoyed making the various items. All of the patients spoken with were well informed of the activity programme. The activity co-ordinator is currently working with patients and their families to create life story books. The attention to detail and presentation of the completed books was commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, systems to provide patients with a say in the day to day running of the home and the positive impact of the activities provided.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 are well established management arrangements in the home. The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2015 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager and nursing sister who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Patients and staff reported that the registered manager was very approachable and available to speak to. Support is also provided by the responsible person, Mr Wishart and the Board of Trustees for Faith House.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included care records, restraint, patients' weights and the environment. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked to ensure the action has been completed. This is an example of how good governance arrangements can bring about improvement through the use of regular auditing and is to be commended.

The responsible person is required to check the quality of the services provided in the home monthly and complete a report. This was done through a monthly visit by an external reviewer. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.6 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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, registered manager, Wendy Grudgings, deputy manager and Heather Weir, nursing sister, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 5.8</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2019</p>	<p>The registered person shall ensure that the patient information displayed in the nursing office is reviewed to ensure that it does not compromise patient privacy or dignity.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: review of patient information displayed within nursing office has been completed, there is no compromise to patient dignity and privacy.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care