

Inspection Report

15 & 16 August 2023



Faith House

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Board of Trustees - Faith House	Registered Manager: Mrs Jane Moore
Responsible Individual: Mr Mervyn Wishart	Date registered: 9 January 2015
Person in charge at the time of inspection: Mrs Jane Moore - manager	Number of registered places: 35
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: 34
Brief description of the accommodation/how the service operates: <p>This home is a registered nursing home which provides nursing care for up to 35 patients. The home is situated over one floor with individual bedrooms, communal bathrooms, dining room and lounges. Patients have access to a mature garden area which is well maintained.</p> <p>There is a residential care home which occupies part of the ground floor and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 August 2023 from 9.30 am to 5.00 pm by a care inspector and on 16 August 2023 from 10.30 am to 3.00 pm by a finance 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.

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

With regards to finance, seven areas identified within Section 5.2.6 of this report will be reviewed at the next RQIA inspection.

Areas requiring improvement were identified and are included throughout the body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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.

In relation to finance a sample of patients' financial records were reviewed which included; records of transactions, patients' written agreements, records of patients' fees, records of patients' financial arrangements and patients' personal property. Controls surrounding the management of patients' monies and property were also reviewed.

The findings of the inspections were discussed with the manager at the conclusion of the inspections.

4.0 What people told us about the service

Patients and staff were spoken with individually and in small groups. They were complimentary about living and working in the home.

Patients said staff were always around if you needed them, the food was good and they were well looked after. One patient was dissatisfied with the food and patients' meeting feedback. This was brought to the attention of the manager for her review.

Staff were positive in their comments which included; the training and induction to support them in their roles, staffing levels and the support from the manager.

Two patient/relative questionnaires were received and confirmed that they are very satisfied that the care is safe, effective, compassionate and well managed. A relative commented that “the nurses are first class and the home is very well run”.

There were no responses to the online survey.

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

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 16 & 17 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: Second time	The registered person shall ensure the actions resulting from the monthly monitoring visits are followed up in a timely manner and this is documented in the reports of such visits.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control (IPC) issues identified in the report are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall ensure all notifiable events are reported to RQIA in a timely manner. This is in relation to accidents and incidents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: Second time	The registered person shall ensure staffs' performance is appraised and supervision is provided to promote the delivery of quality care and services.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 4 Stated: Second time	The registered person shall ensure care records are reviewed and kept up to date with the patients' accurate information and current care requirements. This is in relation to preferred name, dietary supplements and dependency level.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 4.5 Stated: Second time	The registered person shall ensure care plans have recorded evidence of involvement of the patient and their relatives in the development and review of all care plans.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure the number and ratio of staff on duty at all times meet the care needs of patients.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure there are clear documented processes for the prevention of pressure damage and this is followed for all patients who required this.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in section 5.2.2.</p> <p>This area for improvement has been stated for a second time.</p>	Not met
<p>Area for improvement 6</p> <p>Ref: Standard 12.15</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all meals are served in suitable portion sizes which meet the needs of each patient.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 7</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p>	<p>The registered person shall ensure significant changes in patient's weight are notified to a medical professional for advice.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 8</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered person shall ensure all complaints are taken seriously and dealt with promptly and effectively.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

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 patients. Staff confirmed they had completed an induction for their role and to prepare them for caring for patients.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as; adult safeguarding, infection prevention and control (IPC) and patient moving and handling.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff raised no concerns about the staffing levels in the home. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care.

These patients were assisted by staff to change their position, however, records showed that not all patients were repositioned as per their assessed needs and charts were not all accurately recorded. This area for improvement has been stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision, the use of mobility aids and alarm mats.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain using the Malnutrition Universal Screening Tool (MUST). If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs, however, these records were not always in place within recommended time frames. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to patients.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was well decorated, suitably furnished, comfortable and tidy.

Patients' bedrooms were personalised with items important to the patient. Observation found that some areas in the home required repair or replacement. This was discussed with the manager and an area for improvement was identified.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of 'homely' touches such as flowers and snacks and drinks available.

Fire safety measures were in place, however there was a large amount of equipment stored in corridors which could cause an obstruction in the event of a fire. An area for improvement was identified.

A number of infection prevention and control issues were identified throughout the home. This was discussed with the manager and an area for improvement was identified.

One sitting room for patient's use was noted to be used by staff for breaks. This was discussed with the manager who advised this would return to patient use immediately. This will be reviewed at the next inspection.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

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 Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients could have family/friends in their room or one of the lounges and could go out to other activities in the community.

Patients also told us that they were encouraged to participate in patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients 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.

Patients' needs were met through a range of individual and group activities, such as word games, prayer meetings, gardening, crafts and massage therapy.

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 patients.

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 9 January 2015.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. 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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns. 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.

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 patients, 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 patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. 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 are available for review by patients, their representatives, the Trust and RQIA.

5.2.6 Finance Inspection

A safe place was provided within the home for the retention of patients' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of patients' monies and valuables showed that the records were up to date on 16 August 2023.

A bank account was in place to retain patients' monies. A review of a sample of statements from the bank account evidenced that the account did not retain any monies relating to the running of the home. A sample of records of withdrawals from the bank account was reviewed; the amounts withdrawn could not be reconciled as no records were available to show when the monies were lodged at the home.

The manager provided assurances that a system would be implemented to address this finding. Following the inspection on 16 August the manager contacted RQIA to confirm that a system was in place to record the monies lodged from the bank account. This system will be reviewed at the next RQIA inspection.

A sample of records evidenced that reconciliations (checks) of monies and valuables held on behalf of patients (including monies held in the bank account) were undertaken monthly. The records of the reconciliations of monies were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

It was noticed that the records of the reconciliations of valuables were only signed by one member of staff. The manager provided assurances that a second signature would be recorded against the records following the inspection on 16 August 2023. This will be reviewed at the next RQIA inspection.

Comfort fund monies were held on behalf of patients. These are monies donated to the home for the benefit of all patients. A review of a sample of transactions from the comfort fund confirmed that purchases from the fund were for the benefit of all patients. Receipts from the purchases were available for inspection.

It was noticed that the comfort fund monies were not subject to the same controls that are operated for patients' own monies, such as recording two signatures against each transaction and recording the date when the monies were reconciled each month. The manager provided assurances that a system would be implemented to strengthen the controls surrounding the comfort fund monies.

Following the inspection on 16 August the manager contacted RQIA to confirm that a revised system was implemented to allow for the recording of two signatures and the date when the monies were reconciled. This system will be reviewed at the next RQIA inspection.

Discussion with the manager confirmed that no member of staff was the appointee for any patient, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Two patients' finance files were reviewed; written agreements were retained within both files. The agreements showed the current weekly fee paid by, or on behalf of, the patients. A list of services provided to patients as part of their weekly fee was also included in the agreements. Both agreements were signed by the patient, or their representative, and a representative from the home.

Review of records confirmed that a weekly third party contribution (top up) was paid on behalf of care managed patients. Discussion with the manager confirmed that the top up was not for any additional services provided to patients but the difference between the tariff for Faith House and the regional rate paid by the Health and Social Care Trusts (Trusts).

The agreements did not show the top up separately from the regional rate. The manager provided assurances that all patients' agreements would be updated to show the breakdown of the fee when the next increase in fees is implemented.

There was evidence that the recent increase in the top up had been agreed by the majority of Trusts. The manager informed the inspector that the home was currently in contact with the remaining Trusts to obtain evidence agreeing to the uplift. This will be reviewed at the next RQIA inspection.

A review of a sample of records of fees received from two patients evidenced that the records were up to date at the time of the inspection. Discussion with the manager confirmed that no patient was paying an additional amount towards their fee over and above the amount agreed with the Trusts.

A sample of records of monies deposited at the home on behalf of two patients evidenced that the records were up to date. Receipts were provided to the person depositing the monies who had signed the records along with a member of staff.

A review of a sample of purchases undertaken on behalf of two patients showed that the records were up to date. Two signatures were recorded against each entry in the patients' records and receipts from the transactions were retained for inspection.

A sample of records of payments to the hairdresser and podiatrist was also reviewed. The records were up to date at the time of the inspection. It was noticed that although the records were signed by a member of staff, the hairdresser and podiatrist had not always countersigned the records to confirm that the treatments took place. The manager provided assurances that the records would be signed by the hairdresser and podiatrist following the inspection on 16 August. This procedure will be reviewed at the next RQIA inspection.

A sample of two patients' files evidenced that property records were in place for both patients. The records were updated with additional items brought into the patients' rooms following admission. There was no recorded evidence to show that the personal possessions were checked at least quarterly. The manager provided assurances that a system for recording the reconciliation of patients' personal possessions would be implemented following the inspection on 16 August 2023. This will be reviewed at the next RQIA inspection.

Discussion with the manager confirmed that policies and procedures for the management and control of patients' finances and property were available for inspection. The policies were not reviewed during the inspection on 16 August 2023. The manager was advised to ensure that the policies covered all operational areas in relation to patients' finances and property. The policies will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection.

No finance related areas for improvement were identified during the inspection on 16 August 2023.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jane Moore, Registered Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 4.1 Stated: First time To be completed by: With immediate effect	The registered person shall ensure an initial plan of care is in place within 24 hours of admission and the assessment is commenced on the day of admission and completed within five days of admission to the home. Ref: 5.2.2
	Response by registered person detailing the actions taken: new care documentation system being implemented. Manager completing audits for new admissions to ensure compliance with completion of documentation in a timely manner. Evidence of same will be available.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Manager and Infection control home link ensuring that all issues have been addressed and being monitored through governance audits
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure there are clear documented processes for the prevention of pressure damage and this is followed for all patients who required this. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: new induction booklet in place with section on documentation for use in pressure damage now in place. Manager will complete audit checks on pressure relieving charts during monthly governance audits.

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The registered person shall ensure the premises remain well maintained and suitable for their stated purpose.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Manager and maintenace ensure any maintenance requirements are completed in a timely manner.</p> <hr/> <p>The registered person shall ensure all corridors are free from obstacles.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: staff aware of importance of ensuring corrodors are clear of obstacles.Checked by manager on walkarounds of the home.</p>

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