



Unannounced Care Inspection Report

16 May 2018



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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 67 persons.

3.0 Service details

Organisation/Registered Provider: Board of Trustees – Faith House Responsible Individual: Mr Mervyn Wishart	Registered Manager: Mrs Jane Moore
Person in charge at the time of inspection: Heather Weir, Nursing Sister Wendy Grudgings, Deputy Manager (11:30–13:30)	Date manager registered: 9 January 2015
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 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.

4.0 Inspection summary

An unannounced inspection took place on 16 May 2018 from 09.30 to 17.00 hours.

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 2015.

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 staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

There were examples of good practice found throughout the inspection in relation to care records, the management of nutrition, falls and wound care and the communication of patient need between staff. Good practice was also observed in relation to the culture and ethos of the home, provision of activities and valuing patients and their representative views. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

An area for improvement under regulation was identified with staff recruitment. An area for improvement under the standards was identified in relation ensuring 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.

Patients said they were happy living in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Comments received are included in 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with 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 19 December 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 15 patients individually, nine staff and one patient's relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and provided staff not on duty during the inspection an opportunity to have their views heard.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 14 May 2018
- 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
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 December 2017.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 August 2017

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 13(1)(a) Stated: First time time	<p>The registered persons must ensure that there is proper provision for the health and welfare of patients.</p> <p>The nurse in charge of the home must ensure that all patients are assessed by a registered nurse following an accident and that any treatment required is delivered.</p> <p>In the event of a suspected head injury central nervous system (CNS) observations must be completed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of accidents reports evidenced that this area for improvement has been met. It was good to note that systems were in place to ensure patients continue to be appropriately assessed when the planned changes to the registration status of the home are approved. This area for improvement has been met.</p>	
Area for improvement 2 Ref: Regulation 10 (1) Stated: First time	<p>The responsible person and registered manager must identify any gaps in their knowledge of the application of relevant legislation, and take appropriate action to rectify.</p> <p>They must demonstrate a clear understanding of the process to vary the registration of the home, including timescales and action required.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Applications to vary the registration status of the home have been received appropriately. Discussions with the registered manager since the previous inspection have also evidenced that they have a clear understanding of the process to vary the registration of the home. This area for improvement has been met.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43.2 Stated: First time	The registered persons should ensure that the seating in the identified lounge is reviewed to ensure it is suitable to meet the needs of the patients. Any chair identified as compromising safe moving and handling practices should be replaced.	Met
	Action taken as confirmed during the inspection: No issues were identified with the seating in the residential lounge during this inspection. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered persons should ensure that care plans are in place to direct wound care.	Met
	Action taken as confirmed during the inspection: A review of wound care records evidenced that care plans were in place to direct wound care. 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.

The nursing sister confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 14 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with stated that they felt well looked after that staff were available when they needed them.

The one relative we spoke with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned and both relatives indicated that they were satisfied with the staffing arrangements.

Staff recruitment information was available for inspection and two staff records reviewed identified that recruitment processes were not in keeping with legislative requirements. Both files contained two references however a reference from the applicants' present or most recent employer had not been requested or obtained. In one file there was no evidence to support that gaps in employment had been explored and explanations recorded. This was identified as an area for improvement under regulation. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. We spoke with a member of care staff supplied from an employment agency; they confirmed that they had received an induction to the home. Staff were required to complete mandatory training in fire safety, infection prevention and control, basic first aid and moving and handling as part of their induction; this is good practice.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. All training was delivered through face to face interactive sessions. Training records included the date the training was attended/completed, the names and signatures of those who attended the training and the training content. There were robust systems in place to provide the registered manager with oversight of training compliance. Records evidenced good compliance with mandatory training. The deputy manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the deputy manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period January - April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the deputy manager and staff there was evidence of proactive management of falls.

Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats. The registered manager completed a monthly audit to monitor the type of restrictive practice in use.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home. Information leaflets on healthcare associated infections and hand hygiene were displayed in the home and available for patients and visitors.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

An area for improvement under regulation was identified in relation to staff recruitment practices.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients’ weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for two patients; referrals had been made to the dietician as required. Nutritional risk assessments were completed monthly; care plans for nutritional management were in place. Patients’ appetite and daily diet were evaluated daily and recorded in the daily evaluation notes.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. A post falls review, to examine a range of factors, was completed for each patient following a fall. Care plans for falls management were in place.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and the prescribed dressing regime. Wound care records reviewed consistently evidence that prescribed dressing regimes were always adhered to.

Supplementary care charts, for example; food and fluid intake records and repositioning charts were completed daily. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans. Staff demonstrated an awareness of the importance of contemporaneous record keeping.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, the management of nutrition, falls and wound care and the communication of patient need between staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

When we arrived in the home we were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining room or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with fifteen patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

“I couldn’t be in a better place.”

“We have everything we need.”

“The staff do a great job providing us with what we need.”

One patient made a request for specific seating in the lounge; this request was discussed with the nursing sister and will be shared with the registered manager for further consideration.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The weekly activity programme was displayed in the reception area of the home. Patients and staff spoken with were looking forward to the events organised for the royal wedding later that week; they explained that the wedding would be shown on a large screen in the main lounge and a finger buffet was planned for lunch that day. Relatives had been invited to attend.

The environment of the home had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were present in the dining room throughout the meal and were observed assisting patients with their meal as required. Patients able to communicate indicated that they enjoyed their meal. Patients at one table in the dining room raised concerns re the noise levels at mealtimes. These comments were shared with the nursing sister who was aware of the patients’ opinions. They explained that work was ongoing to try to reach a solution that would support all patients being able to enjoy their meals in the dining room. The nursing sister agreed to share the comments received during this inspection with the registered manager on their return from leave, for further discussion.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Please be assured that the work that you do is so meaningful in making a difference in the lives of many people.”

“We can see that mum has been, and continues to be cared for in a very professional and understanding way.”

“...you can feel the love and compassion as you walk through the door.”

We spoke with one relative; they did not raise any concerns regarding the delivery care. We also sought relatives’ opinion on the delivery of care via questionnaires. Two questionnaires were returned and both relatives indicated that they were satisfied that care was safe, effective and compassionate and that the service was well led.

Staff were asked to complete an on line survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, provision of activities and valuing patients and their representative views.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The nursing sister was knowledgeable regarding the needs of the patients and, where patients' needs change, the need for reassessment to ensure the home can continue to care for the patient within the categories of care registered.

Since the last inspection there has been a no change in management arrangements. The registered manager continues to be supported by the deputy manager and nursing sister. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service did not collect any equality data on service users and the deputy manager was advised of the role of the Equality Commission for Northern Ireland and their guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the deputy manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. Examples of audits completed monthly were accidents/incidents, the use of restrictive practice, care records and wound care.

Discussion with the deputy manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Various members of the Board of Trustees of Faith House complete the visits on behalf of the responsible individual. An action plan was generated to address any areas for improvement. The progress on compliance with the areas for improvement within the action plan was not always commented on in the next report. This was identified as an area for improvement.

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement under the standards was identified in relation ensuring 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.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed:</p> <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. <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff with recruitment responsibility have been reminded of the importance of ensuring the above is obtained and reviewed before an offer of employment is made. All staff with recruitment responsibility have had appropriate training.</p>

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 35.7</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>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.</p> <p>Ref: section 6.7</p>
	<p>Response by registered person detailing the actions taken: The responsible person for completing the monthly quality monitoring visits has been advised and going forward this will be included in the report.</p>

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



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